Contents on Colored Page IX.

Vol. XXXVI. September, 1879. Number 3.

225

THE

SAINT LOUIS

Medical and Surgical

JOURNAL.

LIBRARY
MAR 1 1934
UNIVERSITY

[ESTABLISHED 1843.]

THOS. F. RUMBOLD, M. D.,
EDITOR AND PROPRIETOR.

SAINT LOUIS:
GEO. O. RUMBOLD & CO.,
1879.

Published Monthly. Terms, Three Dollars per annum, in ADVANCE. Single Copies, Twenty-Five Cents.

Complete Index to Advertisements, Colored Page XXIX

Entered at the Post Office at St. Louis, Mo., as Second Class Mail Matter.

LACTOPEPTINE

The most important remedial agent ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition, containing the five active agents of digestion, viz.: Pepsin, Pancreatine, Diastase, or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk	40 ounces	Veg. Ptyalin or Diastase	4 drachms
Pepsin	8 "	Lactic Acid	5 fl "
Pancreatine	6 "	Hydrochloric Acid	5 fl "

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the Profession:

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

LEWIS A. SAYRE, M.D.,
Professor of Orthopedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

F. LE ROY SATTERLEE, M.D., PH.D.,
Professor of Chem. Mat. Med. and Therap. in the N. Y. Col. of Dent; Prof. of Chem. and Hygiene in the Am. Vet. College, etc.

SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York Medical College.

A. VAN DEVEER, M.D.,
Albany, N. Y., June 8th, 1878.
Prof. of the Prin. and Prac. of Surg., Albany Med. Col.; Surg. Albany and St. Peter's Hospitals.

"I have given LACTOPEPTINE a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration."

JOHN H. PACKARD, M.D.,
Philadelphia, Pa., May 30th, 1878.
Prest. Pa. Co. Obstet. Society; Surg. Episcopal and Women's Hospitals.

"I have found great satisfaction in the use of LACTOPEPTINE, and have ordered it frequently in cases of Dyspepsia, especially where there is want of tone and defective secretion."

JAS. AITKEN MEIGS, M.D.,
Philadelphia, June 20th, 1878.
Prof. of the Institutes of Med. and Med. Juris., Jeff. Med. Col; Phy. to Penn. Hos.

"I have used LACTOPEPTINE with very good effect in a number of cases of Dyspepsia.

W. W. DAWSON, M.D.,
Cincinnati, O., June 21st, 1878.
Prof. Prin. and Prac. Surg. Med. Col. of Ohio; Surg. to Good Samaritan Hospital.

"I have used LACTOPEPTINE with great advantage in cases of feeble digestions."

ALBERT F. A. KING, M.D.,
Washington, D.C., June 19th, 1878.
Prof. of Obstetrics, University of Vermont.

"I have used LACTOPEPTINE both in hospital and private practice, and have found it to answer fully the purposes for which it is recommended. As an immediate aid to the digestive function. I know of no remedy which acts more directly."

D. W. YANDELL, M.D.,
Louisville, Ky., March 7th, 1878.
Prof. of the Science and Art of Surg., and Clinical Surg. University of Louisville.

"I have made much use of LACTOPEPTINE, and take great pleasure in stating that it has rarely disappointed me. I shall, of course, continue to prescribe it.

ROBT. BATTEY, M.D.,
Rome, Ga., June 7th, 1878.
Emeritus Prof. of Obstetrics, Atlanta Med. College, and Ex-Pres. Med. Association of Ga.

"I have used LACTOPEPTINE in a case of Dyspepsia, with satisfaction. I think well of it."

CLAUDE H. MASTIN, M.D., LL.D.,
Mobile, Ala., June 8th, 1878.

"I consider LACTOPEPTINE the very best preparation of the kind which I have ever employed, and for patients with feeble digestion I know of nothing which is equal to it."

Prof. C. H. BARTLETT, Ph.D., F.C.S.
London, England, Feb. 22nd, 1876.

"I find the preparation of LECTOPEPTINE contains within itself all the principles required to promote a healthy digestion."

PRICE LIST.

LACTOPEPTINE (in oz. bottles)	per oz	$1.00
" (" ")	per doz	10.00
" (in 1-2 lb ")	per lb	12.00

We also prepare the various Elixirs and Syrups, in combination with Lactopeptine.

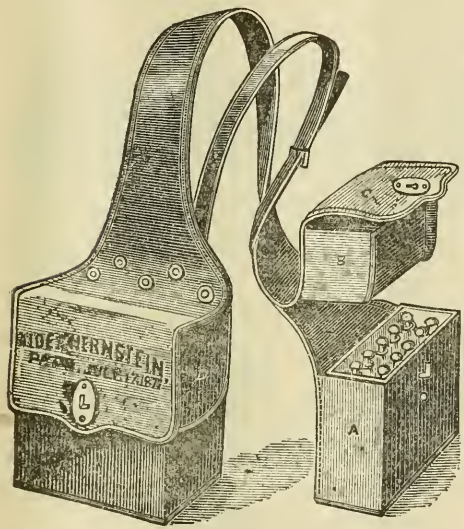
The New York Pharmacal Association,
10 & 12 College Place, New York

P. O. BOX 1574

ALOE & HERNSTEIN'S

IMPROVED

PHYSICIANS' SADDLE BAG



This Bag is the most complete and durable Bag in the Market, and will give the best satisfaction to the Profession of any Bag ever offered. The Bag is entirely riveted with copper rivets, thereby doing away with the old style of sewing, which has been the great objection heretofore. The boxes containing the bottles are made of the best Tin Metal. A is the metal box containing the bottles; B is the box used to carry instruments, powders, etc.; C is the flap, which holds the upper and lower boxes, A and B, firmly together, being fastened by a turn lock, which holds the contents in their place; D represents the Bag when closed. It is the only Bag made that has a complete water shed to prevent the contents from getting wet.

PRICES:

For Bags containing 20 Ground Stoppered Vials.....$12 00
" " 24 " " " 13 00
Made of the best Black Bridle Leather.
For Bags containing 20 Ground Stoppered Bottles.....$13 00
" " 24 " " " 14 00
Made of the best Russet Leather.

MANUFACTURED BY

ALOE & HERNSTEIN,

MANUFACTURERS AND IMPORTERS OF

Surgical Instruments and Physicians' Supplies.

300 North Fourth Street, St. Louis.

Trusses, Supporters, Shoulder Braces, Dissecting Cases, Crutches, Saddle Bags, Ear Trumpets, Atomizers, Pessaries, Elastic Stockings, Thermometers, Etc., Etc.

Agent for Geo. Tiemann & Co.'s Celebrated Surgical Instruments, Galvano-Faradic Company's Electric Magnetic Machines, A. Graille's French Pocket Electro Medical Apparatus.

☞**SEND FOR ILLUSTRATED CATALOGUE.**☜

☞In Corresponding with Advestisers please mention **The Medical Journal.**

FOUGERA'S

COMPOUND IODINISED

COD LIVER OIL.

The immeasurable therapeutic superiority of this oil over all other kinds of Cod Liver Oils, sold in Europe or in this market, is due to the addition of IODINE, BROMINE and PHOSPHORUS.

This oil possesses the nourishing properties of Cod Liver Oil, and also the tonic, stimulant and alterative virtues of IODINE, BROMINE and PHOSPHORUS, which are added in such proportion as to render FOUGERA'S COD LIVER OIL FIVE TIMES STRONGER and more efficacious than pure Cod Liver Oil.

Fougera's Ready-made Mustard Plasters

(DAMPNESS SPOILS THEM.)

A most useful, convenient, and economical preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate, easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1, of pure mustard; No 2, of half mustard. Each kind put up separately, in boxes of 10 plasters. Price, 40 cents

DIRECTIONS.—Dip the plaster, a minute or two, in cold water, and apply with a band.

FOUGERA'S IODO-FERRO-PHOSPHATED ELIXIR OF HORSE-RADISH.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principle of anti-scorbutic and aromatic plants, and acts as a *tonic, stimulant, emmenagogue*, and *a powerful regenerator of the blood*. It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron, without the inky taste of Iodide of Iron.

Fougera's Compound Iceland Moss Paste

(Iceland Moss, Lactucarium, Ipecac and Tolu.)

Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c.

Wakefulness, Cough, and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this paste.

E. FOUGERA, Pharmacist,

No. 372 7th Street, Brooklyn, L. I.

Sole Proprietor and Manufacturer of the above, to whom all special communications should be addressed.

E. FOUGERA & CO., 30 North William St., New York,

SOLE GENERAL AGENTS,

To whom all orders should be addressed.

FOR SALE BY DRUGGISTS GENERALLY.

RIGOLLOT'S MUSTARD PAPER.

Is one of the most important and useful discoveries of the age, but it is not (as certain dealers of bad faith pretend) a preparation that any one can make, for it is not manufactured with a mustard that every one can buy.

RIGOLLOT'S MUSTARD PAPER.

Is the invention of Mr. P. RIGOLLOT, who is the exclusive owner ; it is the only preparation which has been adopted by the civil and military hospitals and the armies and navies of France and England, and which has obtained a medal at the Centennial Exposition at Philadelphia. All other mustard plasters or leaves of whatever name, are but imitations of the original

RIGOLLOT'S MUSTARD PAPER.

Physicians will find it the most reliable sinapism, prompt and certain in its action, and will therefore always prescribe it. Every sheet in order to be genuine must bear the annexed signature of the inventor, *P. Rigollot*

Sold in tin boxes containing 10 sheets, also 25 and 100 sheets, by all respectable chemists throughout the world.

CRINON'S HÆMOGLOBIN,

The Albuminoid Ferruginous Principle of Blood.

HÆMOGLOBIN is the only physiological chalybeate. Associated as it is with the phosphates of the blood, it forms the most powerful of tonics, and at the same time a most nourishing food. It is especially useful in cases of *Anæmia, Chlorosis, Cachexias, Exhaustion* caused by excess of work, nervous debility, fatigue resulting from parturition and lactation. It replaces entirely liquid blood, which has been recommended and used with success in *Phthisis* and *wasting away.*

It is offered in two forms : In cachets (wafers), 60 of which are contained in a box; combined with chocolate in small squares, 30 of which are in a box ; both forms can be sent by mail.

Prepared by C. CRINON, Paris, Pharmacist of the first class, Laureate of the Hospitals of Paris. Samples may be obtained by application to

E. FOUGERA & CO., New York, Agents for the U. S.

MEYNET'S

DRAGEES OF COD LIVER EXTRACT.

Careful experiments have established the fact that the **EXTRACT OF COD LIVERS** contains very valuable properties, which render it superior to the ordinary cod liver oil. It is composed principally of *Gadaine*, large proportions of *Iodides, Chlorides, Bromides, Phosphoric Acid, Lime, Soda* and *Ammonia*, and especially *Propylamin*, all of which enter, but in very small proportions, into cod liver oil.

These dragees of pure cod liver extract take the place of cod liver oil, and have been used with eminent success by medical celebrities of Europe in cases of *Scrofula, Rheumatic Affections, Rachitism, Phthisis*, and in all cases where a propylamic medication is indicated.

MEYNET'S DRAGEES are sold in bottles containing 120 dragees. Dose 2 to 6 a day. Each dragee is equivalent to two tablespoonfuls of cod liver oil.

MEYNET'S GRAINS are small granules intended for children. 10 are equivalent to 1 dragee.

E. FOUGERA & CO., New York, Agents for the U. S.

PARIS, 1867. iv

Prize Medal.

1868.

Silver Medal.

1872.

Gold Medal.

Boudault's Pepsine

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

Since the introduction of Pepsine by Boudault in 1854, **Boudault's Pepsine has been and is still considered the most reliable,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and *in 1876 at the Centennial Exposition at Philadelphia.* Careful tests will enable any one to satisfy himself that *Boudault's Pepsine has a digestive power at least double* that of the best Pepsines in the market, and that it is really the cheapest.

VIENNA, 1873.

Medal of Merit.

It is sold in 1 oz., 8 oz., and 16 oz. bottles. Beware of so-called French Pepsines bearing fictitious names. Ask for and take only **Boudault's.**

PHILA. 1876.

Medal of Merit.

E. FOUGERA & CO., New York, Agents.

TAMAR INDIEN.

A laxative, refreshing, and delicated Fruit Lozenge, agreeable to take, and never causing irritation Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION BILE, HEMORRHOIDS, etc., etc., by augmenting the peritsaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchment. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien, de l'ere classe, 27 Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

PEPTODYN,

The New Digestive, is a combination of whole digestive secretions----Pepsine, Pancreatine, Diastase, &c.,

Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and all diseases arising from imperfect nutrition.

N. B.—*The success of this Remedy has led to several imitations of it,* which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

SAVORY & MOORE, 143 NEW BOND STREET, LONDON,

Agents for America---E. FOUGERA & CO., New York.

R. J. PATTERSON, M. D.,

(Formerly Medical Superintendent of the Iowa Hospital for the Insane,)

CONSULTING PHYSICIAN IN CASES OF INSANITY.

Mental Diseases treated at Bellevue Place, a Hospital for the Insane of the Private Class.

References:—Chas. W. Stevens, M. D., and C. H. Hughes, M. D., St. Louis, Mo.

Address, **BATAVIA, ILL.**

H. SPACKLER,

Manufacturer of

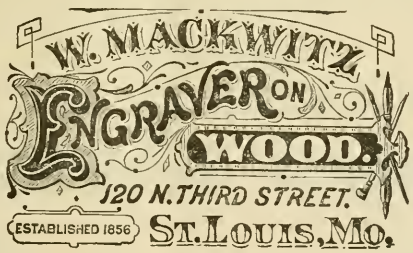
Surgical, Dental and Orthopedical Instruments,

Trusses, Supporters, Shoulder Braces,

ELASTIC HOSE, SUSPENSORY BANDAGES, &c.,

No. 715 Pine Street, ST. LOUIS, MO.

Refer to the Medical and Surgical Profession of St. Louis.



E. SCHEFFER,

APOTHECARY AND CHEMIST,

LOUISVILLE, KENTUCKY.

Manufactures by his improved method **SACCHARATED PEPSIN,** which has proven its superiority over other Pepsins by its greater strength, its stability and uniformity and by its almost entire tastelessness.

DRY PEPSIN, concentrated, of which one grain digests from 125 to 150 grains of coagulated albumen, particularly recommended to manufacturers. Premiums were awarded to the above preparations at the

International Exposition at Vienna, in 1873, and the Centennial Exposition in Philadelphia.

R. A. ROBINSON & CO., Wholesale Agents,

Louisville, Kentucky.

FOOD FOR BRAIN, NERVE, BONE AND MUSCLE.

Sayre's Wine of the Hypophosphites and Beef.

A most perfect medicine, containing **every ingredient necessary for supplying the waste of and sustaining the human body.** Very palatable, easily digested, and eminently suited for persons with weak digestion, for debilitated children, delicate invalids, and consumptive patients. It supplies to the blood all that is necessary to impart **tone** to the **nerves**, and **food** for **brain, bone, and muscle.**

Each pint contains the concentrated juice of two pounds of best beef.

180 Grains Hypophosphite of Lime
60 " " " Soda.
60 " " " Potash.

Combined with the purest Sherry Wine and tonics. Dose—Dessert or tablespoonful before each meal.

WINE OF THE HYPOPHOSPHITES

(SAYRE'S).

Each tablespoonful contains 10 grains Hypophosphite Lime and 5 grains each of Soda and Potash. It is pleasant of taste, gently stimulating in effect, aids digestion, increases the appetite, and is retained by the most delicate stomach. Dose—teaspoonful to dessertspoonful.

These preparations are put up in pint and five-pint bottles for the trade.

PREPARED ONLY BY

T. H. SAYRE, Dispensing Chemist,

Sixth Avenue, Cor. Forty-Sixth Street, New York.

IN PRESCRIBING, PLEASE SPECIFY SAYRE'S PREPARATIONS

Wholesale Agents, McKESSON & ROBBINS, 91 Fulton St. N. Y.

Animal Vaccine Virus of the Beaugency Stock.

PROPAGATED BY

R. M. HIGGINS, M. D.,

-AT THE-

MISSOURI VACCINE FARM.

QUILLS, (half quill charged on convex surface, square cut end) each, - $ .25
" per half doz. " " " " " - - 1.25
" per dozen " " " " " - - 2.00
CRUSTS, (furnished, but not recommended) - - $2.00 to $3.00
All FAILURES with QUILLS duplicated.

The PURITY of humanized vaccine MUST often be of doubtful origin. The PURITY of cow-pox virus of the Beaugency stock is unquestionable, as it originated in the cow, and has been perpetuated since through that animal only.

R. M. HIGGINS, M. D.,
Manchester, St. Louis Co., Mo.

☞Fresh Virus always on hand at office of THE JOURNAL.

Fred. T. Ledergerber,

ATTORNEY AT LAW.

S. W. Cor. Olive and Fifth Sts., St. Louis.

Late Special Counsel of U. S. Government and late Attorney for State Board of Education.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverised iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of Blancard *Pharmacien, No. 40 Rue Bonaparte, Paris.* without which none are genuine.

BEWARE OF IMITATIONS.

DOCTOR RABUTEAU'S
Dragees, Elixir and Syrup of Iron.

The numerous experiments made by the most distinguished practitioners of our days in France and America have demonstrated that Dr. Rabuteau's preparations of Iron are superior to all other chalybeates in the treatment of *Chlorosis, Anæmia, Debility, Exhaustion, Convalescence, Weakness of Children*, and all diseases caused by a deterioration of the blood.

Dr. Rabuteau's Dragees (sugar coated pills) do not blacken the teeth, and are assimilated by the most delicate stomachs without causing constipation. Dose, 2 morning and evening, at meal time.

Dr. Rabuteau's Elixir is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

Prepared by CLIN & CO., Pharmacists, Paris.

Kirkwood's Inhaler.

This is the only complete, reliable and effective inhaler in use, arranged for the direct application of Muriate of Ammonia and other remedial agents in the state of vapor to the diseased parts of the air passages in the treatment of catarrh and diseases of the throat and lungs. No heat or warm liquids required in its use.

It is entirely different from the various frail, cheap instruments that have been introduced.

KIRKWOOD'S INHALER is accompanied by testimonials of the highest professional character, together with carefully prepared formulas for use.

Retail Price, complete, $5.00; Small size, $2.50.
A liberal discount allowed to the trade and profession.

For descriptive pamphlets, or other information, address

E. FOUGERA & CO.,
30 North Wiliam Street, New York.

W. H. Schieffelin & Co.,

NEW YORK,

Importers, Jobbers, and Manufacturers,

SOLUBLE

Officinal and Standard

Pills and Granules

We take pleasure in stating that we have been awarded a **Silver Medal** for our exhibit of **Soluble-Coated Pills** at the Universal Exposition, Paris, 1878.

"This is a higher recompense than was awarded to any other Pills exhibited," and is conclusive evidence as to the superior merits of our Soluble-Coated Pills as compared with all other kinds, and justifies the claims we have always made for the excellence of our manufactures.

We ask attention to the following advantages, which we claim are possessed by them:

They are the result of several years' study of the subject, during which time each defect, as it became manifest, has been met and overcome, until finally we feel that we can safely assert that they fully meet all requirements.

We guarantee that their action will be as prompt and thorough as any uncoated pill that can be made, while they possess advantages over pills not coated that they can be swallowed without taste, that the soluble condition of the mass is preserved by exclusion from atmospheric contact, and that substances like Proto-Salts of Iron, Phosphorus, etc., are effectually protected from oxidation.

The Coating is an inert, soluble compound, dissolving upon the tongue in all cases within thirty seconds, entirely **tasteless,** perfectly **transparent** and **colorless,** thus disclosing to the eye the exact color and appearance of the pill-masses.

The coating is so thin that it scarcely increases the size of the pill, thus securing as small a bulk as the quantity of material will admit, while its application is so even that no inequalities exist.

Every Pill is perfectly round; each pill of the same variety corresponds with its neighbor exactly, in size and weight.

The materials used in forming the various masses are *invariably* the *best* the market affords, weighed with scrupulous exactness, combined so thoroughly that the medicinal matter is perfectly diffused throughout the mass.

The excipients employed are such as are best adapted to permanently secure a soft, soluble condition of the mass

No heat is used at any time throughout the process, the coating being dried by evaporation in a current of cold air, thus vegetable or organic matters are not charred, and volatile principles are not lost.

Conscientiously appreciating the responsibility involved in manufacturing goods of this character, we employ every safeguard against error that thought and experience can suggest, and in view of the efforts we have made to furnish medicines in the pill form which the medical profession can prescribe with entire confidence. It is a source of great gratification to us to receive, as we do almost daily, unsolicited testimonials from physicians and others as to the perfection of their manufacture and the satisfactory results obtained from their use.

Samples and Price Lists furnished upon application. Special formulas of no less than 3,000 Pills made up, and estimates furnished.

W. H. Schieffelin & Co.,

Nos. 170 & 172 William St., New York.

BROMIDIA.

(Trade Mark.)

BROMIDIA is a scientific combination of Brom. Potas., Hyd.-Chloral, Hyoscyam, Cannabis-Indica and Aromatics. FORMULA.—Every *fluid drachm* contains 15 grs. *each* of *pure* Brom. Potas. and *purified* Hyd.-Chloral, and ⅛ gr. *each* of *gen. imp. ext.* Hyoscyam. and Can. Ind. This preparation is *the* Hypnotic *par excellance.*

It produces dreamless, refreshing sleep, and is exceedingly valuable in all forms of Sleeplessness, Nervousness, Neuralgia, etc., and will generally relieve when Opiates aggravate or fail. It acts well in Epilepsy, Sick-headache, Convulsions and all forms of Colic. In the Restlessness, Delirium and Sleeplessness of continued fevers, *it is absolutely invaluable.* It gives satisfaction to both the Physician and his patient. Average dose, for adult, *one-half* to *one* fluid *drachm* in WATER or SYRUP every hour until sleep is produced.

Prepared only by BATTLE & CO.,
Chemists, St. Louis.

CONTENTS.

ORIGINAL CONTRIBUTIONS.

ARTICLE. PAGE.

IV. Syphilis of the Larynx. By MOREL L. MACKENZIE, M. D., Lond.; Physician to the Hospital for Diseases of the Throat and Chest (London), and Lecturer on Diseases of the Throat at the London Hospital Medical College..... 179

V. Plan of a Fomiticide or Yellow Fever Disinfecting Car for Quarantine Purposes. By C. H. HUGHES, M. D. of St. Louis..... 189

VI. Remittent Fever as it Occurs in Southeast Missouri. By. W. N. GEORGE ELDERS, M. D., of Cedar Hill, Mo. 191

VII. Address on Insanity--Nature and Definition. By C. H. HUGHES, M. D., of St. Louis.. 194

VIII. Dental Fallacies. By Dr. JOHN J. R. PATRICK, of Belleville, Ill.. 204

IX. Management of Natural Labor. By P. W. LOGAN, M. D., of Stanford, Ky..... 213

REPORTS ON THE RECENT PROGRESS OF MEDICINE.

Surgery. By H. H. MUDD, M. D..... 221

Diseases of the Respiratory Organs. By WM. PORTER, M. D..... 228

TRANSLATIONS FROM THE GERMAN.

Pathology and Therapeutics in Ophthalmology. [Taken from Prof. A. NAGEL'S *Jahresbericht ueber die Fortschritte und Leistungen im Gebiete der Ophthalmologie*, and from other sources.] By S. POLLAK, M. D., Surgeon of the Eye and Ear Infirmary of the St. Louis Hospital..... 2 5

TRANSLATIONS FROM THE FRENCH.

Excerpts from Late French Journals. [Translated for the JOURNAL. By DR. A. H. OHMANN-DUMESNIL.]..... 240

TRANSLATIONS FROM THE SPANISH.

Gastro-Enterotomy in a Case of Intestinal Occlusion. [Translated for the JOURNAL. By DR. A. H. OHMANN-DUMESNIL.]..... 241

PROCEEDINGS OF MEDICAL SOCIETIES.

An Address Delivered to the Mitchell District Medical Society. By Samuel Charlton, M. D., of Seymour, Ind..... 243
Madison County (Ill.) Medical Society..... 248
The British Medical Association..... 254
The American Laryngoscopical Association—Retro-Pharyngeal Sarcoma. By F. I. Knight, M. D., of Boston, Mass..... 266

THE ST. LOUIS MEDICAL SOCIETY DEPARTMENT.

Discussion on the Forceps..... 149
Obstructions of the Gall Bladder..... 150
Calculi in the Urethra..... 151
Foreign Body in the Urethra..... 153
A Case of Compound Comminuted Fracture of the Forearm Produced by Crushing—Recovery Without Amputation..... 154
Case of Obstruction of Small Intestine, the Ileum Being Twisted. Reported by J. R. Lemen, M. D..... 155

CLINICAL REPORTS FROM PRIVATE PRACTICE.

Severe Injury of the Brain—Recovery. By A. T. Bartlett, M. D., of Virden, Ill..... 279
Report of a Case of Monstra Deficientia to the Central Kentucky Medical Association. By J. G. Carpenter, M. D., of Crab Orchard Springs, Ky..... 281
Editorial..... 282
Books and Pamphlets Received..... 284
New Instrumentt..... 287
News Items..... 289
Meteorological Observations..... 290
Mortality Report—City of St. Louis..... 290

CHARLES SCHLEIFFARTH,

No. 608 North Fourth Street,

Bet. Washington and Christy Avenues. ST. LOUIS, MO.,

Manufacturer and Importer of and Dealer in

Trusses for Radical Cure,

Supporters and Shoulder Braces.

Surgical and Anatomical Mechanician; Inventor and Manufacturer of Apparatus for Curvature of the Spine, Wry Neck, Anchylosis, Club Feet, Bow Legs, Weak Ankles, Splints for fractures and dislocations; Silk and Elastic Stockings for Varicose Veins and Sore Legs; Knee Cap and Anklets for Swollen and Weak Joints; also Suspensory Bandages —being a new style—and Bandages of every description, etc., etc., etc.

Crutches of all Sizes. **Dr. Bly's Artificial Legs.**

☞Ladies will be waited upon by a competent female at private salesroom.

Refers to Profs. E. H. Gregory and J. T. Hodgen, and most of the Surgeons and Physicians of this city. Office open from 7 o'clock a.m., to 7 p m.

GLYCERITE OF ANIMAL HYPOPHOSPHITES.

A BRAIN AND NERVE FOOD.

Composed of the Phosphorous principles of animal brain, blood and tissues, either normally in the Hypophosphite form, or so produced in the isolation of them.

Hensing isolated oleo and glycero-nitrogenous hypophosphites from animal brain in 1779. Jordan obtained them from this source in 1799, and Vauquelin in 1812. Courbe in 1834 found that the brain contained four different fatty matters, containing phosphorus in an oxidizable form. Polk in 1857 found in those dead from phthisis that the cerebellum and medulla oblongata did not contain over half of the amount of the oleo and glycero-nitrogenous hypophosphites normal to those nerve masses (see *Medical and Surgical Reporter,* Aug. 2d, 1873).

The Glycerite of organismal, animal, or brain hypophosphites is, then, nothing more or less than a solution of the oxidizable phosphorous principles discovered in animal brain by Hensing in 1779, a hundred years ago; a discovery confirmed by Jordan and others. There is nothing more mysterious, quackish, secret, or proprietary in this preparation, than there is in pepsin, pancreatine, or quinine. Dr. Polk has never copyrighted any preparation or violated either the letter or spirit of the code of ethics in this or any other manner. His claim to priority of use of isolated brain hypophosphites is sustained by Dr. Wiley, *Louisville Medical News,* June 2d, 1877; Dr. Ashmead, *Detroit Medical Journal,* October, 1877, and Dr. Williamson, *Cincinnati Medical News,* December, 1877.

The value of the animal hppophosphites must, however, be decided by clinical results, the only criterion by which any medicine can be estimated.

Twenty physicians declare it superior to any remedy they had provlously used in phthisis.

Twelve physicians say it is unequaled in nerve exhaustion.

Eight physicians say it surpasses cod liver oil, iron, quinine, and other tonics as a blood maker, and nearly a hundred attest its efficacy in the nerve pains and troubles of women.

In obstinate vigilance it often produces calm and natural sleep, overcoming entirely the need for opiates. In these cases it acts by supplying the hungry brain with its normgl pabulum. In this manner, also, it remedies nerve and brain exhaustion far more efficiently than any agent hitherto employed, as also recuperates the system shattered by sexual excesses. As a simple restorer of sexual debility it is inferior to Damiana. Glycerite of Animal Hypophosphites being the oxidizable phosphorous elements of the blood and brain, its physiological action is merely that of a nutrient, restoring to the system any deficiency which may exist of these elements. By its scientific and appropriate use, much good may be done with it, yet like every remedial agent, its value will in a large measure depend upon its judicious employment. Febrile and inflammatory conditions contra-indicate its use, as also plethora and the apoplectic diathesis.

For a detailed account of its indications and contra-indications, see Dr. Polk's treatise "Tuberculosis and Scrofulosis Causations, Lesions and Therapeutics." Imp. octavo, 952 pages, and "Glycerite of Kephaline," pamphlet, 16 pages: Latter sent free by addressing C. G. POLK, 2219 Catherine street, Philadelphia.

Composition of Glycerite of Animal Hypophosphites.

Isolated Hypophosphite of		Ammonium	parts, 6
"	"	Calcium	" 6
"	"	Sodium	" 4
"	"	Magnesium	" 8
"	"	Potassium	" 5
"	"	Iron (as a proto-salt)	" 3
Glycero Nitrogeneous Hypophosphite			" 15
Free Hypophosphorous Acid			" 3
Pure Glycerine			" 50

DOSE: Twenty to thirty drops, thrice daily. Sold by

RICHARDSON & CO., 704, 706, 708, 710, 712, N. Main St., St. LOUIS,

And JOHNSTON, HALLOWAY & CO., 602 Arch St., Philadelphia.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

CITY OF NEW YORK.

Member of the American Medical College Association.

SESSIONS OF 1879-'80.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1879-'80 will begin on Wednesday, September 17th, 1879, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term, but such attendance is not required.

THE REGULAR SESSION will begin on Wednesday, October 1, 1879, and end about the 1st of March, 1880. During this Session in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

THE SPRING SESSION consists chiefly of recitations from text books. This Session begins on the 1st of March and continues until the 1st of June. During this Session, daily recitations in al the departments are held by a corps of examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTTE, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

FORDYCE BARKER, M. D., LL. D.
Professor of Clinical Midwifery and Diseases of Women.

A. A. SMITH, M. D.,
Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.
Professor of General, Descriptive and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

JOHN P. GRAY, M. D., LL. D.
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

JOSEPH W. HOWE, M. D.,
Clinical Professor of Surgery.

BEVERLY ROBINSON, M. D.,
Lecturer upon Clinical Medicine.

FRANK H. BOSWORTH, M. D.,
Lecturer upon Diseases of the Throat.

CHARLES A. DOREMUS, M. D. Ph. D.
Lecturer upon Practical Chemistry and Toxicology.

FRED'K S. DENNIS, M. D., M. R. C. S

WILLIAM H. WELCH, M. D.,
Demonstrators of Anatomy.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00
Matriculation fee	5 00
Dissection fee (including material for dissection)	10 00
Graduation fee	30 00

Fees for the Spring Session.

Matriculation (Ticket valid for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket valid for the following Winter)	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. Austin Flint, Jr., Secretary, Bellevue Hospital Medical College.

Nature's Remedy.

THE SEVEN SPRINGS
IRON AND ALUM MASS

Are the Natural Medicinal Properties of the Wonderful "Seven Mineral Springs" in Washington County, Virginia.

This celebrated IRON AND ALUM MASS is not only indorsed by the best Medical talent of its native State, but is extensively prescribed by every physician in Virginia, and in every other State where a knowledge of its therapeutic value has been acquired.

The following brief extracts will convey some idea to the practitioner of its importance as a remedial agent:

In the treatment of DYSPEPSIA, CHLOROSIS, ANÆMIA, NERVOUS and MUSCULAR DEBILITY, NERVOUS and SICK HEADACHE, DYSMENORRHŒA, MENORRHAGIA, AMENORRHŒA, diseases of the Kidneys and Bladder, and such like organic or functional disturbances, I know of no remedy upon which I can rely with more certainly satisfactory results than the "Seven Springs Mass."
W. F. BARR, M. D., Abingdon, Va.

I have found no single remedy to yield such satisfactory results as the "Seven Springs Mass," in the treatment of DYSPEPSIA, CHRONIC DIARRHŒA, ANÆMIA, CHLOROSIS, and for CHRONIC ECZEMA I find it *invaluable*, associated with appropriate topical treatment.
GEO. T. HARRISON, M. D., New York City.

From my experience with the "Iron and Alum Mass," I believe it will prove the best medicine we have in use for chronic diseases. G. M. D. PATTERSON, M. D., Englewood, Tex.

For DYSPEPSIA, ULCERATION of the THROAT, INFLAMMATION of the NECK of the BLADDER, LEUCORRHŒA, etc., the "Seven Springs Mass" seems to act with almost specific effect.
E. O. GRIGSBY, M. D., DeView, Ark.

The "Seven Springs Mass" furnishes a valuable remedy to relieve UTERINE HEMORRHAGES, and this class of female diseases far superior to the Dyalysed Iron.
FRED. HORNER, Jr., M. D., Sur. U. S. Navy.

Have been using the "Iron and Alum" in my practice for the last ten months with marked success in many cases. JOHN HUGHSON, M. D., Sumpter, S. C.

I am fully convinced from personal observation of the great therapeutic value of the "Seven Springs Mass" in the treatment of female complaints.
A. LANDCASTER, M. D., Stormville, Miss.

Have had great success with "Iron and Alum Mass" in treating female diseases. It is a desirable medicine, and should be better known by the profession.
E. T. BAINBRIDGE, M. D., Baker's Station, Tenn.

For all diseases dependent upon deranged conditions of the secretions of the Liver and Kidney the "Seven Springs Mass" is most excellent. DR. CYRUS SOGGETT, Fincastle, Va.

One of the most efficient tonic alteratives I have ever used.
GEO. B. JOHNSTON, M. D. Richmond, Va.

The "Seven Springs Mass" answers many purposes for which I can find no substitute.
F. O. MORRIS, M. D., Eagle Lake, Tex.

Chills and Fevers yield readily to the "Iron and Alum Mass" treatment. Know of a number of cases cured by its use. WM. WHITE, M. D., Abingdon, Va.
M. N. HEISKELL, M. D., Abingdon, Va.

Many other testimonials could be added, had we the space, our object being to give such evidence of its claims as would fairly represent its character and indicate its appreciation. If we have succeeded in this, every physician will at once see the importance of such a remedy in his practice.

Most of the leading wholesale Druggists and many of the retail Drug Stores are now selling this "Mass" in the different cities and towns. But when it cannot be conveniently obtained from the Druggists, it can always be procured from us. Price $1.00 per package, with a liberal discount to physicians, when ordered in one-half dozen or more lots. We send by mail, postage paid, at our risk. No discount on orders for less than one-half dozen; on such, a deduction of 25 per cent will be allowed physicians, when accompanied with the cash. We make good any package lost through the mail, if reported within 20 days from date of mailing.

Address LANDRUM & LITCHFIELD,
☞*Always mention "Seven Springs Mass."* **Abingdon, Virginia.**

University of the City of New York.

MEDICAL DEPARTMENT.

410 East Twenty-Sixth t., opposite Bellevue Hospital, New York.

THIRTY-NINTH SESSION, 1879–80.

FACULTY OF MEDICINE.

Rev. HOWARD CROSBY, M. D., LL. D., Chancellor of the University.
ALFRED C. POST, M. D. LL. D., Emeritus Professor of Clinical Surgery, President of the Faculty.
CHARLES INSLEE PARDEE, M. D., Professor of Diseases of the Ear, Dean of the Faculty.
JOHN T. DARBY, M. D., Emeritus Professor of Surgery.
JOHN C. DRAPER, M. D., LL. D., Professor of Chemistry.
ALFRED L. LOOMIS, M. D., Professor of Pathology and Practice of Medicine
WILLIAM DARLING, A. M., M. D., F. R. C. S., Professor of Anatomy.
WILLIAM H. THOMPSON, M. D., Professor of Mat. Med. and Therapeutics.
J. W. S. ARNOLD, M. D., Professor of Physiology and Histology.
J. WILLISTON WRIGHT, M. D., Professor of Surgery.
WM. M. POLK, M. D., Prof. of Obstetrics and Dis. Women and Children.
FANEUIL D. WEISSE, M. D., Professor of Practical and Surgical Anatomy.
LEWIS A. STIMSON, M. D., Professor of Pathological Anatomy.
A. L. RANNEY, M. D., Adjunct Professor of Anatomy.
JOSEPH E. WINTERS, M. D. Demonstrator of Anatomy.

POST-GRADUATE FACULTY.

D. B. ST. JOHN ROOSA, M. D., Professor of Opthalmology.
WM. A. HAMMOND, M. D., Professor of Dis. of the Mind and Nerv. System.
STEPHEN SMITH, M. D., Professor of Orthopedic Surgery.
J. W. S. GOULEY, M. D., Professor of Diseases of Genito-Urinary System.
MONTROSE A. PALLEN, M. D., Professor of Gynæcology.
HENRY G. PIFFARD, M. D., Professor of Dermatology.
A. E. MACDONALD, M. D., Professor of Medical Jurisprudence.
JAMES L. LITTLE, M. D., Clinical Professor of Surgery.

THE COLLEGIATE YEAR is divided into three Sessions—a Preliminary Session, a Regular Winter Session and a Spring Session.

THE PRELIMINARY SESSION will commence September 17, 1879, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the first of October, 1879, and end about the first of March, 1880.

The location of the new college edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these hospitals, with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to *all the Clinics* given therein *free of charge*.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College Building. Five Didactic Lectures will be given daily in the College Building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, etc., Physiology, Surgery and Obstetrics, upon the subjects of their lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the members of the Post-Graduate Faculty.

THE DISSECTING ROOM is open throughout the entire Collegiate Year. Material is abundant, and it is furnished free of charge.

Students who have studied two years, and who have attended two full courses of lectures, may be admitted to examination in Chemistry, Anatomy and Physiology, and, if successful, will be examined at the expiration of their full course of study on Practice, Materia Medica and Therapeutics, Surgery and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

FEES.

For Course of Lectures	$140.00
Matriculation	5.00
Demonstrator's Fee (including material for dissection)	10.00
Graduation Fee	30.00
Post-Graduate Certificate	30.00

For further particulars and circulars address the Dean

Prof. CHARLES INSLEE PARDEE, M. D.,
University Medical College, 410 East Twenty-Sixth Street, New York.

ETIOLOGY AND TREATMENT OF YELLOW FEVER.

CONTENTS.

PAGE.

PREFACE, - - - - - - - - - - - - ix

REPORT OF THE COMMITTEE.

SECTION I.

A DETAIL OF CASES DEVELOPED IN ST. LOUIS, IN PERSONS COMING TO THIS CITY FROM SOUTHERN CITIES WHERE YELLOW FEVER WAS PREVAILING, - - - - - 13

SECTION II.

CASES OF YELLOW FEVER TREATED AT THE QUARANTINE HOSPITAL, - - - - - - - - - - 43

SECTION III.

CASES OF YELLOW FEVER ARISING IN ST. LOUIS, ITS SUBURBS, AT QUARANTINE AND ON BOARD THE TRANSPORT STEAMER, BY CONTAGION FROM CASES DEVELOPED IN PERSONS FROM POINTS FROM THE SOUTH WHERE YELLOW FVER WAS EPIDEMIC, - - - - - - - - - - 56

SECTION IV.

CASES, EITHER OF YELLOW FEVER, OR CLOSELY SIMULATING THAT DISEASE, ARISING IN ST. LOUIS AND ITS SUBURBS, WITHOUT KNOWN CONTACT WITH OTHER CASES, OR WHERE NO SUCH CONTACT EXISTED, - - - - - - 76

SECTION V.

CLASSIFICATION AND SUMMARY OF ALL CASES OF YELLOW FEVER IN ST. LOUIS AND ITS VICINITY, IN 1878, - - 106

REPORT OF DR. FORD.

PART I.

METEOROLOGICAL CONDITIONS AND ETIOLOGY OF SUNSTROKE, 109

PART II.

CHOLERA SPORADICA, - - - - - - - - - 135

PART III.

"MALARIAL FEVERS" AND "FEVERS GENERALLY," IN RELATION TO YELLOW FEVER, - - - - - - - 139

PART IV.

YELLOW FEVER—ITS ETIOLOGY, - - - - - - 147

PART V.

THE THEORY AND PRACTICE OF THE ADMINISTRATION OF VERATRUM VIRIDE IN YELLOW FEVER, - - - - - 277

WYETH'S DIALYSED IRON.

(FERRUM DIALYSATUM.)

A Pure Neutral Solution of Oxide of Iron in the Colloid Form. The Result of Edosmosis and Diffusion with Distilled Water

PREPARED SOLELY BY

JOHN WYETH & BRO.,

PHILADELPHIA.

This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the very best mode of administering

IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependent upon the perfect dialysation of the solution. The samples of German and French Liquor, Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron, by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior) the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store, to supply such an emergency.

Full directions accompany each bottle.

Physicians will find our **Dialysed Iron** in all the leading Drug Stores in the United States and Canada.

It is put up in bottles retailing for **One Dollar**, containing sufficient for two months' treatment. Large size is intended for hospitals and dispensing. Retail at **$1.50.** Price Lists, etc., sent on application.

JOHN WYETH & BRO.

PEPTONIC PILLS.

Pepsin, Pancreatin, with Lacto-Phosphate of Lime & Lactic Acid.

(COPYRIGHT SECURED,)

This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory, that we are confident that further trial will secure for them the cordial Approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure Pepsin, and one of pure Pancreatin, which is equivalent to 10 grains of the ordinary or saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the Dyspeptic being due to a full and effective dose of each, freed from the unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS.—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children reduce the pill to powder and give a fourth or half, according to age.

JOHN WYETH & BRO.,

CHEMISTS, PHILADELPHIA.

Mensman's Peptonized Beef Tonic.

The great necessity for a fluid food that would possess *all the elements necessary for the support of the system* having been long felt by the Medical Profession, we call attention to this preparation, containing the *entire nutritious properties* of the muscular fibre, blood, bone, and brain of a healthy bullock, dissolved by aid of heat and pepsin, and preserved by spirit; thus constituting a perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease. It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drugs. Dispensed in 16 oz. bottes.

"DR. MENSMAN'S BEEF TONIC

"Is a complete representative of lean and fat beef, bone, blood, and muscle. It consists of all the properties which combine in the development of the animal body, which are liquefied by an artificial process, simulating natural digestion, and retaining all of their alimentary values. It contains in their perfection all the natural elements of the meat in their natural quantitative relations, without their extraneous or indigestible properties, and therefore requiring the least possible effort on the part of the stomach for its conversion into chyle, and its immediate absorption by the system.

"This Tonic is free from any drugs or chemicals, and is a great invigorator or recuperant. I have used this preparation in several cases of sickness of a character which enables me to give the most favorable opinion of its great value, in extreme sickness. Some of the cases referred to are hemorrhage of the bowels, typhoid fever, bilious fever, inflammation of the bowels, where the greatest possible prostration was present, and in which I found this meat tonic to accomplish results I could not obtain with any other preparation. It is a gentle stimulant, and allays the peculiar irritation of the stomach, which destroys the appetite in all forms of disease, when the tone of the stomach is destroyed."

"We published the above article in the November Number of 1877, and will say that we have prescribed the tonic daily to date with the very best results.—Ed. Med. Eclectic."

THE BEST THREE TONICS OF THE PHARMACOPŒIA:

Iron, Phosphorous, and Calisaya.

We call the attention of the Profession to our preparation of the above estimable Tonics, as combined in our elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessertspoonful contains seven and a half grains Royal Calisaya Bark and two grains Pyrophosphate of Iron.

PURE COD LIVER OIL,

Manufactured on the Sea-Shore from Fresh and Selected Livers.

The universal demand for Cod Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland fish-like, and to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod Liver Oil to be far superior to any of the brown Oils.

SURGICAL INSTRUMENT DEPARTMENT.

Under the direction and personal supervision of W. F. FORD, Instrument Maker to St. Luke's Mt Sinai, New York State Women's Hospitals, Bellevue, and all other New York Hospitals.

MANUFACTURERS, IMPORTERS, WHOLESALE AND RETAIL DEALERS IN

Surgical, Dental, Orthopedic Instruments, Catheters, Trusses, Supporters, Silk Stockings, Ear Trumpets. Splints, Anatomical Preparations, Local Anæsthesia Apparatus, Laryngoscopes, Ophthalmoscopes, Hypodermic Syringes, Axilla Thermometers, etc., etc.

☞Special attention given to the manufacture of Instruments to *order*, in exact accordance with patterns furnished by Surgeons and Physicians.

CASWELL, HAZARD & CO.,

Family and Manufacturing Chemists. New York.

PHOSPHOROLE.

PHOSPHORUS and COD-LIVER OIL

have now an established position throughout the civilized world as important therapeutical agents. A *perfect combination* of the two has long been a desideratum, since they are both of value in the same disorders, while the cases in which one is demanded and the other contra-indicated are exceedingly rare.

The combination in PHOSPHOROLE has the twofold advantage of furnishing *the best possible form* for the administration of *phosphorus*, and *a more effective form* for the administration of *cod-liver oil*.

With regard to the former, it has been decided by the highest chemical and medical authorities that *phosphorus* should be administered *in a free state*, and in a vehicle which ensures its *perfect diffusion*, its *absolute unalterability*, and, as far as possible, its *prompt assimilation* without the gastric irritation to which the ordinary methods of exhibiting the agent give rise. It is well known that pills, emulsions, solutions in ether, chloroform, vegetable oils and resin, etc., have all failed to fulfill one or more of these conditions. Even an ordinary solution of phosphorus in cod-liver oil would not answer the purpose in all respects. We claim, however, that PHOSPHOROLE completely satisfies all the conditions. From the method of preparing it, in an atmosphere of dry carbonic acid, the phosphorus is *entirely dissolved without oxidation*, and by our mode of manipulation *a positive uniformity of strength* is ensured. It is then promptly bottled and sealed, and its *stability and permanence* thus secured. The exact amount of phosphorus in each dose is known, its efficiency is ensured, and the irritant effects upon the stomach are reduced to a minimum by the blandness of the oil. As a means then of administering *phosphorus* in the many cases in which it is indicated as a *nervous tonic and stimulant*, it is claimed that PHOSPHOROLE is the best attainable in the present state of our knowledge.

The value of *cod-liver oil* in phthisis is so familiar to the physician that it is needless to dwell upon it. But the value of *phosphorus* is also universally recognized in this disease, especially when complicated with nervous derangements. The *combination* of the two therefore furnishes a more effective form for the administration of cod-liver oil in the great majority of cases in which that remedy is indicated, and one which will at once commend itself to the profession.

A dose of two teaspoonfuls of PHOSPHOROLE contains $\frac{1}{100}$ of a grain of phosphorus. This dose, when given after a meal, is effective, and not very liable to interfere with digestion. *Phosphorus is cumulative in its action, and should be administered with watchful care.* About $\frac{1}{12}$ grain is considered the largest safe dose, and we rarely need go higher than $\frac{1}{20}$ or $\frac{1}{30}$ of a grain. At the very first appearance of the smallest gastric derangement, the exhibition of phosphorus should be stopped.

PHOSPHOROLE is handsomely put up in pint bottles only, and may be obtained at all first-class druggists throughout the United States.

Descriptive Circulars furnished upon application.

Correspondence with Physicians solicited.

BILLINGS, CLAPP & CO.,

MANUFACTURING CHEMISTS, BOSTON.

THE

SAINT LOUIS

MEDICAL AND SURGICAL

Journal.

VOL. XXXVII——SEPTEMBER, 1879——No. 3.

Original Contributions.

ARTICLE IV.

SYPHILIS OF THE LARYNX. By MORELL MACKENZIE, M. D., Lond. Physician to the Hospital for Diseases of the Throat and Chest (London), and Lecturer on Diseases of the Throat at the London Hospital Medical College.

The frequency of syphilis of the larynx, the variety of its phenomena, the dangers of its later manifestations, and its tractable character when early recognized and suitably treated, alike contribute to interest both the specialist and the general practitioner. From the comprehensive character of the disease, even at the risk of appearing pedantic, I think it better to treat the subject systematically, and with but this introduction I will at once briefly set forth the result of my experience during the last twenty years.

Etiology.—The precise causes which predispose the larynx to an attack of syphilis are not clear; but in many cases the disease is probably attracted to the part through local weakness, either hereditary or acquired. The season of the year has a marked

influence in causing the outbreak to take place in the laryngeal mucous membrane in the early stages, and to a less extent later on. Thus out of 118 cases of secondary syphilis, of which I have notes, 79 commenced between September 1st, and March 31st, and only 37 between April 1st and August 31st, whilst out of 110 cases of tertiary syphilis, 66 commenced in the six winter months and 44 in the summer months.

With respect to the frequency with which syphilis affects the larynx as compared with other parts, the statistics of Willigk[1] show that out of 218 cases of syphilis in the dead subject, in 15.1 per cent, there was disease of the larynx, in 10.1 per cent, the pharynx was affected, whilst the nose suffered in 2.8 per cent. Other observations give a somewhat different result. Out of 521 cases Engelsted[2] found the larynx affected only twenty-five times. In 1,000 syphilitic patients Lewin[3] diagnosed a laryngeal affection in 44. These figures are thus widely discrepant and do not give any definite reply to the question at issue. In 10,000 consecutive cases of throat disease examined at the Throat Hospital, I found 308 cases of laryngeal syphilis as compared with 834 in which the pharynx was affected. (See Table A.)

Table A.

Showing the number of cases of syphilis in 10,000 cases of throat diseases seen at the Hospital for Diseases of the Throat,

Pharynx	Primary—	Males	0		
		Females...	1		
			—	1	
	Secondary—	Males	348		
		Females...	143		
			——	491	
	Tertiary—	Males	176		
		Females	163		
			——	339	
	Hereditary—	Males	2		
		Females...	1		
			—	3	
				—	834
Larynx	Secondary—	Males	84		
		Females...	34		
			—	118	
	Tertiary—	Males	120		
		Females.., ...	69		
			—	189	
	Hereditary—	Males	1		
		Females...	0		
			—	1	
				——	308

1. "Prager Vierteljahrschrift," xxiii. 2, p. 20, 1856.
2. Virchow and Hirch's "Jahresbericht," Bd. ii. 1868, p. 585.
3. "Die Behandlung der Syphilis," Berlin, 1869.

Table A—continued.

Trachea	Tertiary—	Males	2			
		Females...	1			
			—	3		
						3
						1145

With respect to age, most cases of laryngeal syphilis occur between twenty and forty, as will be seen on reference to Table B.

Table B.

Showing ages of patients affected with LARYNGEAL SYPHILIS.

Secondary.		Tertiary.
	MALES.	
0	under 15	0
9	15 to 20	0
41	20 to 30	15
22	30 to 40	54
9	40 to 50	33
2	50 to 60	11
1	60 to 70	6
0	70 to 80	1
84		120
	FEMALES.	
Secondary.		Tertiary.
2	under 15	0
10	15 to 20	3
15	20 to 30	17
4	30 to 40	29
2	40 to 50	15
1	50 to 60	2
—	60 to 70	3
34		69

Again, as regards the kind of syphilis most frequently met with in the larynx, Table A shows that tertiary phenomena are more common than secondary, being in the proportion of eighteen to eleven. From this it would appear that the larynx is most liable to be affected in patients in whom the constitutional malady has been of long standing. My colleague, Dr Whistler,[1] has, however, had a different experience, for out of 170 cases of laryngeal syphilis, eighty-eight corresponded to the secondary, and eighty-two to the tertiary stage.

Symptoms—The phenomena of laryngeal syphilis vary in different cases and in different stages, from the mildest to the most severe. Thus the patient may suffer merely from a slight inclination to clear the throat, or there may be extreme dyspnœa, advancing ultimately to such urgent suffocative attacks, as to re-

1. "Med. Times and Gazette," Sept. 28, 1878.

quire tracheotomy. Cough is occasionally present in the early manifestations, but rare in the later stages. The vocal function is generally impaired, and whilst at the commencement of the attack there is often only slight hoarseness, yet this may ultimately pass into complete aphonia. There may be no odynphagia at first, but at a later period swallowing in some cases becomes almost impossible. The absence of pain, when the patient is not swallowing, is very characteristic.

The pathological effects of syphilis in the larynx are extremely manifold, and comprise every kind of lesion that can be produced in the part, from a mere erythematous blush of the mucous membrane to great thickening, destructive ulceration, perichondritis, and necrosis of the laryngeal cartilages.

In *secondary syphilis*, condylomata are the most characteristic condition, but chronic hyperæmia (without mucous tubercles) and superficial ulcerations are often met with. As will be seen by reference to Table C, I met with 44 cases of condyloma among 118 patients suffering from the early symptoms of laryngeal syphilis; whilst among 88 patients, in the same stage Dr. Whistler[1] saw 24 cases among 88 patients. On the other hand, Dr. Ferras[2] only found a single example in a hundred patients. Isambert[3] does not consider that there is such a phenomenon as laryngeal condyloma, and both Waldenburg[4] and Lewin[5] hesitate as to whether the characteristic mucous tubercles of syphilis are ever found in the larynx, being inclined to relegate the neoplasms usually described as such to the class of gummata. Again, whilst Gerhardt and Roth[6] found condylomata in 18 instances out of 56 patients suffering from constitutional syphilis, in a series of examinations at the Lock Hospital, I observed condylomata only twice among 52 patients. These wide discrepancies may perhaps be accounted for in a measure by the different period of the year at which the observations were undertaken, some having been made in the summer and some in the winter, but they are in part to be explained by the fleeting character of laryngeal condylomata, and by the different appearance which condylomata present in the larynx as compared with the pharynx—a difference which renders them likely to be overlooked. In the larynx they generally appear as smooth yellow projections, sometimes round, but more often oval, varying in diameter from three to seven millimetres, but in rare cases attaining a breadth of a centimetre. They are seldom so white as in the larynx, and the surrounding mucous membrane is not generally so congested. Moreover,

1. Ibid.
2. "Thèse de Paris," 1872.
3. "Annales des Maladies de l'oreille," etc. T. ii. p. 239.
4. "Respiratorische Therapie," II. Aufl. 1872, p. 366.
5. Loc. cit. p. 113.
6. Virchow's "Archiv." Bd. xxxi. 1861. Hft. 1. § 7.

they are less disposed to superficial ulceration, and they generally disappear quickly—even without treatment. The epiglottis and the inter-arytenoid commissure are the parts which I have most frequently found affected, but I have occasionally seen condylomata on the vocal cords.

Superficial ulcerations of limited extent are, as already remarked, occasionally met with. They generally occur from six to twelve months after the primary infection, and heal after a few weeks' treatment.

In secondary syphilis, we also sometimes meet with very obstinate congestion of the laryngeal mucous membrane, but it is often impossible to tell whether this condition is really due to the syphilitic dyscrasia. I found marked congestion in 51 out of 118 cases of secondary syphilis. In every one of these 51 cases there were at the same time other well marked symptoms of constitutional syphilis—in 24 condylomata in the pharynx. As I pointed out long ago[1] there is nothing characteristic about the congestion of syphilis, and I never consider a congestion syphiltic unless there are other well marked evidences of the disease. Even then the laryngeal hyperæmia is often the result of accidental catarrh, and in no sense due to the syphilis. On the other hand, M. Dance[2] has gone so far as to describe roseolar, papular, and tubercular eruptions of the laryngeal mucous membrane, corresponding to similar manifestations on the skin. I have never been able to verify these observations, nor have they been confirmed by other physicians.

Table C.

Showing the particular conditions observed in syphilis of larynx.

SECONDARY.

	Congestion.	Condylomata.	Ulceration.	Totals.
Males	35	33	16	84
Females	16	11	7	34
	51[1]	44	23	118[2]

TERTIARY.

	Superficial Ulceration with Laryngitis.	Deep and Extensive Ulceration.	Contraction.	Gummata.	Totals.
Males	27	65	22	4	120
Females	21	42	5	1	69
	48	107	37	5	189[3]

1. Russell Reynolds' "Symptom of Medicine," vol. iii. p. 465.
2. "Thèse de Paris," 1868.

1. In 17 of these cases there was at the same time congestion of the trachea, and in 24 condylomata in the pharynx.
2. In 81 of these cases there was at the same time secondary disease of the pharynx.
3. Amongst these 189 cases, there were 7 of acute œdema, and 32 of chronic œdema.

In *tertiary syphilis* the phenomena met with are ulceration, gummata, and cicatricial stenosis. The earliest, but not most frequent symptom, is obstinate *superficial* ulceration, accompanied by considerable hyperæmia of the mucous membrane. Dr. Whistler[1] has well described this condition, under the name of "relapsing ulcerative laryngitis." When these superficial ulcers occur within a year of the primary affection, I have been in the habit of classifying them under the head of secondary syphilis, though this is a mere arbitrary distinction. But when they appear three or four years after inoculation, they may fairly be regarded as tertiary. I have met with one instance of this affection in a patient who had been successfully treated fifteen years previously at Aix-la-Chapelle. The ulceration generally attacks the vocal cords, but I have frequently seen the inter-arytenoid fold and occasionally the ventricular bands affected.

Deep and destructive ulceration is, however, the characteristic morbid condition of the later stages of laryngeal syphilis. The ulcers may form three or four years after inoculation, but they sometimes occur twenty, thirty, forty, and even fifty years after the date of infection without the occurrence of intermediate symptoms, and when, indeed the primary cause may have even been altogether forgotten. Their effect is to produce great loss of substance, and the consequent changes in the form of the epiglottis and other parts of the larynx are very remarkable. The ulcers may form in any region of the larynx, but the epiglottis is the part most frequently affected—one of the most common conditions consisting of general thickening of the valve, with ulceration of the central portion or lateral edge. The upper surface is more often attacked than the under surface. Under these circumstances great dysphagia is usually experienced, but when the ulcers are healed, swallowing can generally be effected without trouble, even though nearly the whole of the valve is destroyed. When the walls of the pharynx are also ulcerated, there is danger of the edges of the epiglottis uniting with them. This condition gives rise to one of the most dangerous forms of dysphagia, as well as to serious dyspnœa. The ulcerative process frequently destroys the mucous and sub-mucous tissues to a very considerable extent, and sometimes attacks the muscles, perichondrium, and cartilage. It is often associated with œdema, and is also not unfrequently followed by the formation of false excrescences, which are most apt to occur on the inter-arytenoid fold and the anterior surface of the posterior wall of the larynx, but are occasionally seen on the vocal cords.

In these advanced stages syphilitic gummata are occasionally, though very rarely, formed in the sub-mucous tissue and muscles of the larynx. They usually appear as round, smooth elevations, generally of the same color as the rest of the mucous

1 "Med. Times and Gazette," 1878, No. 1480, 1484.

membrane, but sometimes of a yellow tint. They are most frequently found on the anterior surface of the posterior wall of the larynx, and generally in groups. Mandl[1] mentions the case of a negro suffering from severe pharyngeal syphilis, in whom numerous gummata, of a grayish-yellow color, could be seen on the epiglottis and ventricular bands; and Norton[2] has described and figured a remarkable case, in which suffocation resulted from a gummata, the size of a pigeon egg, in the right ary-epiglottic fold. The ulceration which results from gummata is of the deepest and most destructive kind, and often penetrates to the perichondrium.

Even when the ulcerative process is arrested, however, the danger does not cease, for the cicatrices often undergo such a degree of contraction as to greatly lessen the calibre of the larynx. Indeed, the stenosis which so often results from tertiary ulceration is one of the greatest dangers of the disease. Sometimes the narrowing of the passage is caused by a web between the vocal cords, and no less than six cases of this sequelæ laryngeal syphilis have been reported by Dr. Elsberg[3] of New York. In these cases there is generally complete aphonia. Sometimes the crico-arytenoid articulation is enlarged and the joint stiff, and thus the vocal cord may be permanently fixed in the median line, at the side of the larynx, or at some intermediate position. Sometimes the cicatricial process produces the most curious and irregular distortions and outgrowths; indeed, so much is this the case, that it is occasionally almost impossible to identify the various parts.

Hereditary syphilis is occasionally met with in children, though I have never seen a case in a child younger than eleven years. In each of the five examples I have met with there was ulceration of the edge of the epiglottis, with exposure of the cartilage. The only instance of the disease occurring in an *infant* that I am acquainted with, is that observed by Isidor Frankl.[4] The subject was an infant, who was attacked with coryza two months after birth, and died from acute stenosis of the larynx in about three weeks. On post-mortem examination necrosis of the cricoid and left arytenoid cartilage was found and syphilitic disease of the liver.[5] Rauchfuss[6] mentions that, in the "Post-Mortem Records of the St. Petersburg and Moscow Foundling Hospital" there are a few cases of deep ulceration and perichondritis in infants of from two to three months old.

---

1. "Maladies du Larynx," p. 700. Paris, 1872.
2. "Affections of the Larynx," p. 86, London, 1875.
3. "Syphilitic Membranoid Occlusion of the Rima Glottidis," New York, 1874.
4. Wiener Mediz Wochenschrift." Nos. 69 and 70, 1868.
5. A somewhat similar case is mentioned by Rollet, "Dict. des Sc. Med." Art. "Larynx." p. 693.
6. "Die Krankheiten des Kehlkopfes und der Luftröhre im Kindesalter." Tübingen, 1879, p. 210.

Pathology.—The anatomical changes which the laryngeal structure undergo in syphilis have been investigated by Virchow,[1] who describes the phenomena with considerable detail. The general pathological features, however, have been so much touched upon in dealing with the laryngoscopic appearances that it is only necessary to make a few remarks in this place. Condylomata are the result of a hyperplasia of the epithelium of the mucous membrane, generally attended with copious cell proliferation. They show little disposition to ulceration, except of the most superficial character, and generally disappear by a process of molecular absorption. The ulcers which form so quickly in tertiary syphilis, result from a low form of inflammation which rapidly leads to liquefaction of tissue. Gummata are developed in the same way as in other organs, but they are very rare.

Diagnosis.—Syphilitic diseases of the larynx can generally be recognized without difficulty, either by the general features of the case or by the laryngoscopic appearances. A few cases may be doubtful at first, but simple hyperæmia is almost the only condition in which the judgment need remain long suspended. In the absence of other symptoms, it is impossible to tell whether a congestion is a simple catarrhal phenomenon, the outcome of syphilis, or the precursor of phthisis. In the early superficial ulcerations, the practitioner may likewise hesitate for a time between catarrh and syphilis, but the progress of the case soon demonstrates its nature.

The ulcers of tertiary syphilis may generally be easily distinguished from cancer and phthisis—the only affections in which error may occur through want of care.

In *syphilis* the development of the ulcer is acute, often occupying a few days only. There is generally considerable irregular swelling of a decidedly inflammatory—often œdematous—character. When the epiglottis is attacked, the upper surface is the most frequent site of the disease. Above all it should be observed that the ulcer is most frequently solitary and hence (except in the case of the epiglottis when it is often central) generally unilateral, and that there are scarcely ever more than two separate ulcers. These ulcers are rather deep, irregular, round or oval in shape, and commonly have a diameter of a centimetre to a centimetre and a half.

In *phthisis* the development of the ulcers is slow, generally only occurring after the throat symptoms have existed for several months. They are nearly always preceded by swelling of the mucous membrane, which is of a somewhat uniform character, partaking of the appearance of an infiltration, and extremely pale. The pallor of the mucous membrane is, indeed, a very characteristic condition. When the epiglottis is attacked it is

1 "Die Krankhaften, Geschwülste," Bd. ii. Part 2, p. 413.

the under surface which usually suffers; the ulcers are almost always numerous and bilateral; they are generally round and seldom more than two or three millimetres in diameter, except where the coalescence of several ulcers has produced a large breach, in which case they may attain the diameter of half a centimetre or more. In cases in which syphilis attacks phthisical patients the local symptoms are sometimes very obscure, and the diagnosis may be very difficult.

In *cancer*, the development of the ulcer is intermediate as regards time between syphilis and phthisis, generally occupying a few weeks. As a rule the ulcer is preceded by the development of a growth, and there are nearly always nodular excrescences upon or around the ulcer. The neighboring mucous membrane is generally acutely inflamed. The ulcers are solitary, of irregular shape, and often attain a diameter of two or three centimetres.

Although the experienced laryngologist can at once feel sure that certain ulcers are syphilitic, yet cases occasionally occur in which it is impossible to arrive at a decision with the laryngeal mirror alone. The diagnosis, under such circumstances, must be arrived at by attention to the history of the case, and by a consideration of the concomitant phenomena, such as the state of the pharynx, the skin, the lungs, and the general appearance of the patient. Should any doubt remain, it must soon be cleared up by watching the efforts of treatment, syphilitic affections rapidly yielding, if only for a time, to appropriate treatment. As Krishaber[1] has pointed out, false excrescences resulting from syphilitic ulceration can generally be distinguished from true growths by the surrounding hyperæmia, which, as a rule, is altogether absent in the case of simple neoplasms.

Prognosis.—There are few cases of syphilis in which the prognosis, at least as regards life, can be said to be absolutely unfavorable. Under appropriate treatment the most destructive ulceration can generally be arrested, although frequently at the expense of a considerable loss of substance and great local deformity. Though stenosis may occur, in no class of cases are the immediate effects of tracheotomy so successful. It must be remembered, however, that where much ulceration of the vocal cords or necrosis of the cartilages has taken place, the voice must generally be looked upon as irrecoverably lost, whilst, if tracheotomy is called for, the patient will probably have to continue to wear the canula for life. The prognosis, as Krishaber[2] has pointed out, is unfavorable in proportion as the disease approaches the windpipe. The most dangerous cases, as has been shown by Dittrich,[3] Porter,[4] and others, are those in which there

1 "Annales des Maladies de l'Oreill'e," etc. September, 1878.
2 "Gaz. hebdom.," Nos. 45, 46, and 47. 1878.
3 "Prager Vierteljahrschrift," Bd. xxvii. 1850.
4 "Observations on the Surgical Pathology of the Larynx and Trachea." Cases 28 and 29.

is perichondritis of the cricoid and thyroid cartilages. Under these circumstances a fatal issue may ensue from acute œdema or from extensive suppuration of the surrounding soft parts. A rare instance is mentioned by Türck,[1] in which fatal hemorrhage took place from a large and deep ulcer of the left vocal cord.

Treatment.—Secondary syphilitic affections of the larynx do not usually require any constitutional treatment.

Under the use of local remedies the symptoms rapidly disappear and I have rarely met with tertiary phenomena in the throat amongst those whom I have previously treated for the earlier manifestations. Hence it is probable that the non-use of mercury does not increase the risk of a further development of of the disease. Should the early phenomena of constitutional syphilis, however prove intractable, mercury may be administered. Under these circumstances I generally give it in the form of cyanide of mercury. The resolution of erythema may be hastened by painting the part with a solution of chloride of zinc (gr. xx. ad. ℥i.) and mucous patches are best treated by local applications of tincture of iodine.

In the tertiary stage of syphilis our chief resource is the internal administration of iodide of potassium. Under the specific influence of this drug foul ulcerations become clear and healthy, whilst local tumefactions and gummata are resolved and re-absorbed. It is best to begin with five grains, three times a day. The effect should be watched, and the dose may soon be increased with advantage to ten grains, three times in the twenty-four hours. Thirty grains a day is generally sufficient, but in some cases as much as ninety grains or even more may be given daily with advantage. In most cases it is advisable to continue the iodide of potassium for some time after all local phenomena have disappeared, whilst on the slightest sign of any new manifestation the drug should at once be resumed. In those cases where iodide of potassium appears to produce only a temporary effect and where recurrences are frequent, recource may be had to the administration of small doses of cyanide of mercury. I have however seldom found mercury successful where iodide of potassium has failed. Locally, the treatment of tertiary syphilitic lesions of the larynx varies according to the phenomena present. Ulcerations, if indolent, are best treated with a solution of sulphate of copper (gr. 15 ad ℥i.) whilst if spreading, the progress of the sore can generally be checked with the solid nitrate of silver or acid nitrate of mercury.

The inhalation of an atomized solution of bichloride of mercury (1 in 1,000 or 500), first recommended by Demarquay and Schnitzler, has received such strong testimony from Waldenburg[2]

1. Loc. cit. p, 413.
2. "Die locale Behandlung der Karkheiten der Athmungsorgane." Berlin, 1872, pp. 244 and 371.

and Massei[1] that there can be no doubt of its remarkable efficacy in obstinate syphilitic affections of the larynx. Severe cases of œdema generally yield to the free exhibition of iodide of potassium, but if there is much dyspnœa, scarification may be required, and if, in spite of this treatment, suffocation threatens, recourse must be had to tracheotomy. When a web forms in the larynx it can sometimes be taken away with cutting-forceps, but Dr. Whistler's "cutting dilator" has proved more serviceable to me in these cases. Electric cautery has been most successfully employed by Dr. Elsberg.[2] The success of any treatment, however, depends mainly on the density of the web; if it is thin, no trouble is experienced, but when the membranous formation is tough and thick, the curative treatment is seldom of any avail, and I have not found thyrotomy succeed where endo-laryngeal methods have failed. In cases of stenosis from cicatricial contraction or disease of the cartilages, the process of dilatation introduced by Professor Schrotter should be carried out.

Plan of a Fomiticide or Yellow Fever Disinfecting Car for Quarantine Purposes. By C. H. Hughes, M. D., of St. Louis.

It being conceded that cold is the natural destroyer of yellow fever and the most potent known agent that will render inoculous its virulent fomites, the only question in the minds of medical men, when confronted by an epidemic of yellow fever, is how to so employ the natural foe of the appalling scourge, as to stay its fearful ravages till kind and potent nature, unbidden, in her own time, comes and lays her icy hand with relentless and inextricable grasp upon the monster's throat.

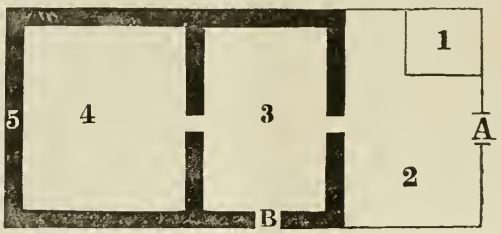
In the discussion in the Medical Society last year on the subject of yellow fever prophylaxis, it was not by any one denied that cold would kill its germs or *materies morbi*, but there were skeptics in that body who thought its destruction by the freezing process, impracticable during its prevalence.

We shall present but one aspect of the subject in this brief communication, viz: the praeticability of disinfecting persons, letters, etc., that have been in contact with the yellow fever.

The following diagram represents the floor plan of a disinfecting car or portable building supposed to be placed on wheels. It is intended to occupy a place contiguous to isolated houses at

1. "Patologia e Terapia della Larigne." Milano, 1877.
2. Op. cit.

quarantine stations or elsewhere, where real or suspected cases of yellow fever are undergoing inspection or treatment, and in the vicinity of railroad depots just outside of infected districts:



A. Entrance. B. Exit. 1. Refrigerating box for cast-off clothing. 2. Disrobing room. 3. Cold dressing room in which the exposed person is dressed in clothing previously frozen in room 4. 4. Refrigerating room for previously deposited clothing. 5. Zinc-lined ice-walls of thickness sufficient to insure a temperature five degrees below zero.

The roof of the car is supplied with a raised latticed skylight which will admit sufficient light and allow of the escape of air. Small, open transoms over the doors A and B permit of the ingress of sufficient air for the purposes of all the ventilation needed for so brief a stay in the car.

In room 3 a heavy blanket previously frozen but perfectly dry, should be thrown over the person so soon as he enters and retained about him while dressing.

The practical working of this would be as follows:

Suppose first, the mails are ready to send away from Memphis. The postmaster there sends the bags to be deposited over night in room four (4) of the disinfecting car stationed at the depot or on the line of the railroad out of the plague limits. When the train departs they may either be taken out or the refrigerating car may be taken along with its contents.

2d. An exposed person wishes to leave Memphis. His procedure would be as follows: His trunk and apparel are deposited a day or two previous to his departure in room 4. On the day of his departure he enters room 2 of the disinfecting car stationed outside of the city, casts off his clothing into box No. 1, passes to No. 3 and secures from No. 4 the apparel he is to wear on his trip together with his trunk or satchel, passes out at B and enters the train, leaving the clothing deposited in No. 1 to be sent to him after having been duly frozen.

3d. A suspected boat or train is hailed and a real or suspected case of yellow fever is taken off at a quarantine station. If an undoubted case, he goes to the yellow fever hospital; if a doubtful case, he goes to one of a number of isolated houses which ought to be at every quarantine station, near which stands one of

these disinfecting cars. After the physician and nurses have seen him or her cared for properly, they pass through the disinfecting process in this car, before proceeding to visit or take in other doubtful cases.

4th. A disinfecting car stands close to the yellow fever hospital through which should pass all doctors, nurses and articles that are to come in contact with those who are unexposed.

The utility of this arrangement, under proper regulation, rigidly enforced, to reduce the liability of this disease to the minimum and give to communities contiguous to the plague a sense of security that they do not now possess, is too obvious to require further comment.

Remittent Fever as it Occurs in Southeast Missouri. By W. N. Geo. Elders., M. D., of Cedar Hill, Mo.

The premonitory symptoms are generally short, and in some cases very slight. After two or three days of indisposition with some headache, slight nausea and furred tongue, the attack is ushered in by a chill, not violent, but lasting perhaps for an hour in rare cases, or an ill-defined cold stage, with only a feeling of chilliness, languor and debility, and in most cases cerebral oppression with gastric disorder occurs.

After this, the febrile condition is developed, the skin becomes hot and dry, the pulse rises in force and frequency, headache intense, the mental faculties being unfitted for any mental exercise; violent pain in lumbar region, pain or an aching sensation is also felt in the limbs; sometimes a soreness of the superficial muscular system is felt without much pain.

Gastric uneasiness is always present, nausea and vomiting in the majority of cases; the bowels are generally costive although in a small minority of cases diarrhœa will be present of a dysinteric character; urine scanty and high colored; thirst intense, cold drinks and especially lemonades are preferred. Respiration hurried although free; after a continuance of from eight to fourteen hours the symptoms abate more or less, even without treatment, to return however in from ten to sixteen hours with greater severity; the skin now assumes a yellowish hue, the tongue becomes heavily coated, of a yellowish color, and delirium is present in severe cases, which is always a grave symptom.

A repetition of these symptoms continue, gradually growing more severe in fatal cases until death ends the scene, but under appropriate treatment the symptoms grow better and complete cessation of the febrile symptoms may be expected by the fourth

day following the chill, or about seven days from the beginning of the attack.

Without a doubt, cases do recover without treatment, but I imagine the number are fewer than of some other diseases. A patient would no doubt more certainly recover from pneumonia without treatment than from remittent fever, although under favorable surroundings and appropriate treatment recovery is the rule, death the exception.

The favorable signs are a prolongation of the remissions, a shorter duration of the febrile excitement, moistening and cleaning of the tongue, very dark and offensive stools, copious perspiration and an increased flow of urine, etc.

The unfavorable symptoms are delirium, indistinctness of the remissions with increased febrile exacerbations, dryness and even blackness of the tongue, retention of urine, still worse, suppression, a very frequent and weak pulse, hiccough, and an inclination to slip down to the foot of the bed, announce the victory of the morbific agent over the vital function; then poor, frail humanity generally succumbs.

As to the cause, all agree that it is a something that for the want of a better term we call malaria.

I will now give my method of treatment. On being called, after making a thorough examination of the patient, I open the doors and windows and thus allow the patient plenty of God's greatest gift, fresh air. Oftentimes I find it necessary to have my patient well washed and redressed in clean garments, as many are afraid to change the clothing when sick, for fear of catching cold.

One good attendant at a time is sufficient. After having made these necessary preparations, I give the following prescriptions:

℞, Hyd Sub. Chlor.....grs. xv.
Ipecac pulve.....gr, ss.
M. f. ch. No. iij.

One to be given every three hours, followed in six hours if the bowels do not move with sulph, magnesia. If nausea and vomiting are present I give in addition;

℞, Morphiae sulph.....gr. j.
Aqua.....℥ j.
M.

Teaspoonful every hour until the vomiting ceases; also apply a large mustard plaster over the region of stomach and liver. For the head trouble, nothing is so good as a frequent application of cold water, by pouring or by wet cloths kept constantly to the parts. Sponging the body and limbs frequently during the febrile excitement with cool water is very soothing to the patient, as well as very beneficial as a therapeutical agent.

The patient is to be allowed to drink cold water. If he should vomit it up let him drink again. Ice water is the best, but it is not often procurable in the country.

As soon as the remission occurs I give the following:

℞. Cinchonidiæ sulph.....grs. xxx.
Potassæ brom. pulv.....ʒ j.
Ipecac pulv.....gr. iij.
M. f. ch, No. x.

One every two hours during remission, to be discontinued as soon as febrile paroxysm returns. During the fever, if not high I give Sweet Spts. Niter. ʒ ij. Aquæ ʒ j. M. Teaspoonful every two hours, until the fever lowers; then, I give the cinchonidia prescription as before. If the fever should be high and the secretions locked up, I give the following in place of the niter:

℞. Hyd. sub. chlor.....grs. x.
Ipecac pulv.....gr. j.
M. f. ch. No. v.

One every two hours followed by sulph. magnesia in two hours if necessary. If the gastric trouble should return I apply a large cantharides plaster over the region of the liver and stomach, leaving it on six or eight hours. As soon as the surface is sufficiently blistered I remove plaster, but should nausea continue, I dust the ¼ grain of morphia over the blistered surface.

If the third paroxysm should occur I repeat the mercury as before, keeping up counter-irritation over the gastric region, following the exacerbation with the cinchonidia prescription and so on until the paroxysms are entirely broken up. Then for seven days I give the following as a tonic:

℞. Cinchonidiæ sulph.....ʒ j.
Feri. mur. tinct.....ʒ ij.
Aquæ.....ʒ iv.
M.

Teaspoonful three times a day. Such is an outline of the way I treat remittent fever. Complication requires some variation in this course. If diarrhœa should occur, I give opium pulv. in the prescriptions already named, but I think it better not to give opium if I can avoid it, as it tends to lock up all the secretions, which should be avoided. It also adds to the cerebral trouble, by its stimulating effects. I would never give stimulants of any kind during the fever, unless I see unmistakable evidence that my patient was sinking. I prohibit all acid drinks while patient is taking mercury, unless I wish salivation, and that should always be avoided if possible. There is another fashion (for such I must call it, as it certainly is not scientific) I find existing with country practitioners, that is, combining calomel and cinchonidia. I hold that they should never be given in the same prescription; it is a waste and an injury to the nervous system to give cincho-

nidia during the height of the fever. Calomel is one of the most reliable remedies we possess, to free the liver and internal organs of their engorged or congested condition, and our antiperiodic remedies will do no good until the local trouble is partially relieved by the calomel. This is in accordance with my experience. The salts of the peruvian bark never should be given in larger doses than *three grains* every two hours in remittents and then only during the remission. I use the sulphate cinchonidia altogether and find it equal to the sulphate of quinia in all malarious affections.

NATURE AND DEFINITION OF INSANITY.* By C. H. HUGHES, M. D., of St. Louis.

Not a century ago, a medical philosopher of France ventured to class the brain among the secreting organs of the body, and though he did not characterize thought as a secretion as tangible as that of the liver, the skin or the kidneys, he nevertheless regarded mind as the no less material product of the brain. As the stomach and intestines conduct the process of digestion, as the liver secretes bile and as the parotid, sub-maxillary and sub lingual glands secrete saliva, "so the brain," he concluded, "secretes thought."

This proposition, the philosophical and classical Maudsley considers "crude, inexact and misleading, though he himself regards mind as the highest development of force, to whose existence all the other natural forces are indispensably pre-requisite.

The talent and boldness of this learned and brilliant writer on the physiology and pathology of the mind, in seeking thus to cut the Gordian knot of psychical and physical phenomena, commands our admiration, but they have not yet been rewarded by a revelation of incontestable truth.

The essential nature of mind—whether it be an entity, presiding over and influenced by that highly complex mass of matter, the brain—a power, as Descartes conjectured, "which has come upon man from without," or a highly organized force evolved only by cerebral cell action, is the mooted question of the day, which I shall not discuss, since psycho-physiologists, as yet, so dimly discern the subject, that many of them, and among them the greatest thinkers and investigators of the age, are disposed to relegate it to the realms of the unknowable.

The simile of Cabannis is open to the objection that behind the hepatic, renal and gastric organs, is the blood, out of which

---

* Delivered by invitation before the Southern Illinois Medical Association, at Sparta, Ills., on the evening of June 20th, 1879.

their respective secretions are formed; so behind the brain, many great minds still believe, there exists the intangible mind, forever to remain unknown save in its manifestations and in the display of its powers.

The Aristotelian doctrine of the omnipresence of mind in the whole organism has, within a few years, been with plausibility revived. Dr. Hammond extends it to the spinal cord, Dr. Bucke, of Canada, to the sympathetic nervous system, while Dr. Laws, of Columbia, Missouri, awakens from its long repose and adopts the whole doctrine of Aristotle, that "in relation to the body the soul is less contained than containing—that it is all in the whole and the whole in every part."

Mind has not, however, been yet driven from its main abiding place in the brain, though Dr. Richard Maurice Bucke has, with great ability, endeavored to establish that our moral nature resides in the great sympathetic.

Mental power, as we see it displayed, may be regarded as an organized result gradually built up and matured in the course of a life.

Mind, like the entire individual, has its periods of infancy and childhood, youth and manhood and old age. The brain, like the body in general, is incapacitated at birth for its highest functions. It grows with the latter's growth and strengthens, in the course of development, with its strength. Unlike the other organs of the body, it is not born equal to its highest functions, but like the centers of the spinal cord, it is perfected by education in the school of experience with external nature. Mind, like the body, has its stages, and is not the same in appearance at the sunrise, noontide and sunset of life.

This fact enables us to understand the idiocy of infancy and early life, the instinctive and impulsive insanities, especially of childhood and youth, before the reasoning powers have become, in the course of nature, developed, and to appreciate the necessary difference between them and the morbid mental displays of middle and advanced age, when the reasoning and moral faculties are full grown or waning.

The different epochs usually give different manifestations of mental disorder, though sometimes insane, like *sane* persons, display intellectual precocity. The affective, instinctive and emotional insanities belong especially to early life, the intellectual to middle and the dementias to old age.

The physical condition of the brain and its allied nervous system, undoubtedly governs the display of mind, whatever may be the real nature of the latter.

Molecular action and disintegration or retrograde metamorphosis of structure and tissue change, are undoubtedly essential conditions of organic activity, physiological as well as pathological, and apply alike to the nervous structure and its higher centers concerned in cerebration or the generation of

thought, emotion and will, as to the centers of the cord and the processes of muscular, glandular and vascular structure and function.

Thus we have a correct conception of the definite relationship which mind invariably sustains to that "highly complex organism"—the brain and nervous system—through which alone all psychical states, whether morbid or healthy, natural or unnatural, are revealed. As the ganglion cells of the spinal cord develop a nervous force mainly concerned in the movements of the organic and involuntary life of the individual, so the cells of the brain develop a higher nerve force, which we may term a "*mental force*," whose special function is the manifestation of mind, because the preliminary generation of a certain nerve force is the indispensable condition prerequisite to the manifestation of all psychical states.

To avoid needless argument at this point, we may concede the possible existence, as has been maintained by some, of a difference between psychical and physical tone, though upon the physical tone of the brain and physical system undoubtedly depends the manifestation of mind.

Fortunately for practical medicine, in connection with mental disease, it is immaterial whether in accordance with the teachings of holy writ and the attestation of the general consciousness or instinctive sense of mankind, we believe "there is a spirit in man," or whether we regard mind solely as an attribute or force of matter, it is, to our mind, a fact above and beyond disproof, that the mind, whatever be its real nature, is dependent for its every manifestation upon the brain and nervous system.

Recognizing the brain then, as the especial organ of the mind in diseased or disordered as well as in healthy or natural action, we are prepared for a definition of insanity on the basis of disease.

Though insanity was generally regarded by the ancients as a punishment for having incurred the displeasure of the gods and by moderns, until a century or less ago, as a diabolical possession, Æsclipiades, Coelias Aurelianus and Celsus treated it as disease. Galen called it *delirium sive febre* and Aretius *sempre sive febre*.

Without stopping to discuss the various literary attempts at defining this disorder, like that of Charles Lamb, who regarded it as a "disproportionate straining or excess of one or more of the mental faculties," which might include the majority of mankind, and passing by many of the medical definitions, we proceed to discuss a few of the latter.

Dr. Benj. Rush in the beginning of the century regarded this disease as "a departure of the mind in its perceptions, judgments and reasonings from its natural and habitual order, accompanied with corresponding actions, dependent on disease in the blood vessels primarily, and in that part of the brain which is the seat of the mind."

Dr. Munro defined it to be "a premature and abnormal exhaustibility of the vital powers of the sensorium." This is often the condition of the hemispherical ganglia in insanity, conjoined with a general loss of nervous tone, but neither cerebrasthenia nor neurasthenia constitute insanity *per se*. Though brain and nerve exhaustion usually coexist with insanity, they may be present without mental aberration. In some instances the insane display is due to a high grade of sthenic inflammation. The insanities which immediately follow cranial violence, in the robust and vigorous, are often of this kind.

Dr. Winslow asserts that no morbid change can exist in the hemispherical ganglia without involving to some extent the operations of the mind, and defines insanity to be the result of a specific morbid action of the hemispherical ganglia, ranging from irritation, passive and active congestion, up to positive and unmistakable inflammatory action. He thought "this state of the brain might be confined to one or two of the six (or eight) layers composing the hemispherical ganglia, but all the layers are generally more or less implicated, in conjunction with the tubular fibers passing from the hemispheres through the vesicular neurine."

A pretty correct statement, though a quarter of a century old, of the pathological condition generally found in insanity, but not a definition. It simply means disease of brain. Insanity is a qualified form of brain disease, involving the mind.

The light of three quarters of a century reflected from the cadaver has revealed lesions of the hemispherical ganglia where no insanity coexisted.

Though this definition lacks the essential psychic qualification, yet no better description of the general pathological state usually found in connection with insanity has ever been given.

A purely pathological definition cannot be made because the precise boundary lines of the *locus morbi* of mental aberration, beyond which sanity ceases and within which it invariably begins, has not yet been established.

Winslow's definition would include hemiplegia and epilepsia, both of which may begin in the hemispherical ganglia.

The funny definition of Sheppard, that "insanity is a disease of the neurine batteries of the brain," is likewise objectionable. Epilepsia is, in all probability, a discharging lesion of the psychomotor centers, and I suppose that is where Sheppard would place his "neurine batteries of the brain." Other diseases than epilepsia and paralysis, not necessarily accompanied with mental derangement, implicate the same parts of the brain in the same way.

A great many other attempts at defining this disease may be found scattered through medical literature, each one serving as an excellent description of many of the principal pathological or symptomatic states of mental derangement, but serving by

their very number and variety to confirm the oft asserted difficulty of defining this disorder.

The most ancient view of insanity is that "it is derived from a morbid state of the liver and that it discovers itself in a vitiated state of the bile." Rush thought Hippocrates was in error on this subject and that he never ought to have pronounced that historical encomium on Democritus whom he found in his garden at Abdera engaged intently in examining the liver of a dumb animal in order to discern the cause of madness. But the liver is often much at fault in insanity, especially in its incipiency.

Connolly, of non-restraint fame, defined insanity as "the impairment of any one or more of the faculties of the mind, accompanied with or inducing a defect of the comparing faculties. A purely psychological definition, as you see, with no element of disease in it, yet as good as Winslow's with the psychic feature omitted.

The main feature of the definition of Pritchard, viz., "a chronic disease manifested by deviation from the healthy and natural state of the mind," is embraced in the definition of Gooche and Andrew Combe, which we shall hereafter discuss. Esquirol defined mental alienation to be "a cerebral affection, ordinarily chronic and without fever, characterized by disorders of sensibility, understanding and will."

Dr. Tuke, after quoting as *apropos* to the subject, the well known saying of Dr. Johnson in regard to attempts at defining poetry, namely, that they only serve to show the narrowness of the definer, and after animadverting on the definitions of Cullen, Guislain, Combe and others, and very properly objecting to *chronicity* and apyrexia as essential to a proper definition of the disease, himself defines it as follows: "A disease of the brain affecting one or more of the mental faculties, intellectual or emotional."

He quotes Dr. Bucknill's as being substantially the same, namely, "a condition of the mind in which a false action of conception or judgment, or a defective power of the will, or an uncontrollable violence of the emotions and instincts, have separately or conjointly been produced by disease," and concludes that it is not in any definition of mental derangement, but rather from descriptions of the disorder and actual observation of the insane that we are to comprehend its true characteristics," just as the great Esquirol had confessed before him after forty years of study and observation at the Salpetrière and the hospital at Charenton. We must live with the insane in order to understand them, and having learned by experience "the varied and fugitive forms of this malady," we then realize the difficulty of describing it; and if we go from the corridors of the hospital for the insane to the dead house connected therewith, and essay with scalpel and microscope to find definite pathological changes in the brain to account for every case dying of reason dethroned,

we still have, sometimes, to leave the cadaver unrewarded for our labor; nevertheless insane asylum pathologists now seldom fail to find either morbid states of the cortex or meninges or ventricles, or *post mortem* evidences of *ante mortem* vascular or perivascular disease, sufficient to account for the preexisting mental impairment.

The conclusions of Schroeder Van-derkolk, who, in twenty-five years did not remember having dissected an insane person without finding an adequate explanation in morbid change of the phenomena observed during life, are confirmed by Maudsley, Blandford, Griesinger and all writers of repute in Europe, as well as Ray, Gray, Kempster and all the eminent alienists of this country. Even Dr. Benjamin Rush could say in 1812 that there were "but two instances on record of the brain being found free from morbid appearances in persons who have died of madness,"[1] so that with Liedsdorf we may safely say that "every mental disorder is founded in organic changes from which the brain suffers either primarily or secondarily."

It is probably not more difficult to frame a sufficiently comprehensive definition of insanity, for all practical purposes, the basis of disease being admitted, than to frame a definition of anything else. Yet definitions are always difficult. We have not found an absolutely unobjectionable definition of health or an unerring definition of disease in general.

In Shakspeare's day there were so many exceptions to the definitions of insanity that he was forced to say:

> To define true madness, what is't?
> But to be nothing else but mad!

The definition of Gooche and Combe just referred to is as follows: "*A prolonged departure, without adequate external cause, from the state of feeling and modes of thought usual to the individual.*" Such a departure from one's natural self could only be brought about by disease, affecting the mind.

This definition does not embrace the mania transitories, in the existence of which many alienists believe and which no one has more satisfactorily demonstrated than Dr. Edward Jarvis, of Dorchester, Mass., and the essential element of disease is omitted. Dr. Ray, however, in his most excellent work on the jurisprudence of insanity, quotes with approval and italicizes this definition, which is indeed a most excellent and comprehensive symptomatic description of insanity as usually seen in our asylums, adding that "the degree at which this disorder ought to be held, as constituting insanity, is a question on which we can scarcely hope for unanimity of sentiment."

But though a prolonged departure usually characterizes insanity, it is not necessary to constitute its existence absolutely.

---

1. Diseases of the Mind, p. 16, referring to the cases related in his day by Drs. Stark & DeHaen.

It may begin with the delirium of a fever or immediately follow a blow on the head. Cases, however, in which the mental aberration is suddenly manifested, have, in our observation, almost invariably been those in which there has been a prodromal or incubative stage of apoplectic threatenings or epileptic or epileptiform seizures or marked depression of spirits.

The insane symptoms may disappear in a case of transitory or recurrent mania, with the subsidence of the cerebral hyperæmia or other cause which may have occasioned them, and the *external cause may be adequate* to produce either a transitory or a prolonged change in the habits of thought, feeling or action of the individual, and that mental changes have nevertheless all the characteristics of insanity. *Chronicity* is objectionable and the adequacy or inadequacy of the external cause, though usually a very significant fact, is immaterial, so that the internal or physical cause be a morbid one, and the mental departure from the natural habits of thought, feeling or action of the individual be dependent upon that morbid physical cause. Insanity, therefore, whether acute or chronic, and howsoever acute, or howsoever chronic, is such a mental change in the individual resulting from cerebral disease, as causes him to act not in harmony with his natural self and surroundings.

In a state of mental health the mental faculties appear to act as a whole. There is a peculiar harmony in their action, and in their relation to each other in action, giving to each person a distinct mentality, and constituting the individual's natural character.

In insanity this natural, harmonious action is disturbed, and the lunatic is neither in harmony with himself, as he has appeared naturally or with his surroundings. He is deranged in regard to both.

If no change in the habits of thought, feeling or action of the individual takes place, then it is not insanity. *The true test of insanity, therefore, is the comparison of the individual with his former self* taken in connection with the disease of the brain.

There are but few objections to this definition that I know of; the principle one being aphasia, where no mental aberration of necessity really co-exists, for a man may be both aphasic and rational as well as aphasic and insane.

Here then is a disease of the brain which always produces, to some extent, a change in the manner, if not in the habit of thought of the afflicted individual, and in some of his feelings and modes of action, and yet there need be no insanity in consequence of it.

Thus you see how difficult it is to find an absolutely unerring definition of this disease.

But if the aphasic person, or the apoplectic person, or the individual suffering from cerebral traumatism, especially of the anterior lobes of one hemisphere (as sometimes happens, with-

out delirium or other mental disturbance), recognizes in a rational manner, that his brain is injured, and appreciates the extent of his disability and the necessity for modified mental and physical activity and comports himself mentally in accordance with the facts; he is not insane, and it is here that the qualifying clause, *in harmony with one's natural self and surroundings becomes the saving clause that establishes one's sanity, even though he have disease of the brain, while our inability to truthfully affirm the existence of this harmony, establishes the presence of mental disease.*

The brain may either be primarily or secondarily involved in disease. The physical cause of the insanity may be mainly in the sympathetic nervous system largely dependent on disease of the uterus, the genitals or the liver.

As the cerebro-spinal centers may morbidly influence through motor, sensory and sympathetic nerve channels, the tissues and organs with which they are in communication, so may morbid states at the periphery of nerves, reciprocally affect the brain, as is illustrated in epilepsia, convulsions and neuralgia; and, as other diseases are occasionally devoid of their usual characteristics, so may we sometimes fail to find any physical sign of insanity.

In those exceedingly rare instances, where the subtile morbid processes still escape our search for them, we need not therefore conclude that there is no disease, if we but remember how far more subtle than the most penetrating research, are the processes of disease in the human organism elsewhere; as in the insidious morbid changes which first follow the imperceptible, imponderable, intangible virus, or germ, or malaria, of an atmospheric infection, the unseen and unknown contagia of the exanthemata, the quick and certain work of some of the more tangible but infinitesimal poisons, or the structural causes of such undoubtedly physical diseases as hysteria, tetanus or chorea. I need not illustrate further.

It must be borne in mind that every definition of this disorder is an attempt to aggregate many morbid conditions into one comprehensive and brief description—to so unify all the neuropsychic disorders beginning or ending in the brain and disordering the mind as to make any and every form of insanity readily recognizable by applying to it the test of a single comprehensive definition, yet we succeed better in grouping together all the diseases of the brain affecting the mind, than if we were to attempt to comprehensively define all the diseases of the spinal cord or nervous system elsewhere, affecting sensation and motion.

When expected to give a definition of insanity in a court, it is well to state the fact that while all of the insanities have many similar features, many of them have symptomatic, as well as lesional characteristics, quite distinctive.

The many forms and varieties of insanity which reveal them-

selves to us when we make a diligent clinical search for them has led to the notion entertained and expressed by eminent alienists, that it can not be clearly defined, notwithstanding which fact most writers, as I to-night, have been lured into the attempt.

The fact is, like the working out of some examples in decimal fractions, the attempt is fascinating, even though we may have to content ourselves with a plus or minus quantity.

[2]The beginning of all disease is altered molecular action, either in the blood, which nourishes a part or organ and which is its life, or in the nerves, which constitute the soul, so to speak, of organic function. Next follows more profound changes, which we recognize as structural and marked derangement of organic functions; we then have recognizable and appreciable disease. When there is organic disease, i. e., either a functional or structural disease of a whole organ, we have change in its natural manner of acting, whether it be in the heart, the lungs, the liver, the abdominal or thoraci viscera, or in the cerebro-spinal axis.

Wherever it may be the natural manner of action is changed, and the organ or part involved is neither in harmony with itself naturally nor with its surroundings in the organism.

So is it with the lower and higher centers of the brain; if the former are affected, paralysis results; if the latter, psychical disturbance.

So that insanity conforms to the law of all other diseases in being a departure from natural function due to morbid invasion, and differs from them only in the fact that the invaded territory is that which is occupied especially by the mind.

It is this fact which brings it within the legitimate province of the physician.

The many recorded instances of extensive organic disease of the brain, both old and new, but especially Dr. Harlow's marvelous case — Pheneas P. Gage — still fresh in memory, the anterior portion of the left hemisphere of whose brain was penetrated through and through with an inch and three quarter diameter tamping iron, and Dr. Walter Kempster's more recent interesting case of atrophy of a hemisphere, without persistent psychic disorder, are not incompatible with the view that insanity is a disease when we consider that the cerebrum, like the cerebellum is a dual organ and that its hemispheres are capable of an independent and vicarious function, and likewise, probably, some of its convolutions, on the same side. (See Author's paper on the Dual Actions and Vicarious Functions of the Hemispheres, *American Journal Insanity*, October, 1875.) If a dart or ball go through the liver, the stomach, the bowels or transfix the upper part of the spinal cord, the result will be much more cer-

2. The writer elaborated this view in 1859 in a thesis for the degree of M. D., St. Louis Medical College.

tainly fatal than if one lung, one kidney or one cerebral hemisphere be injured, though great sudden violence to any of these organs is most generally fatal.

Like most of the other dual organisms, the brain can, and often does, accommodate itself to gradually invading disease, and continue to perform its normal functions despite the latter's presence, to no inconsiderable degree.

The higher centers of the brain concerned in the display of mind, are wonderfully conservative of their integrity, and often slow to yield to morbid assaults, especially where there exists no hereditary insane diathesis or inborn tendency to take on morbid action.

Considerable lesion of the medullary substance of either or both hemispheres may co-exist with a perfectly sound state of mind and in both hemispheres in what Ferrier and the localizers call the pre-frontal region of the cerebrum and in either hemisphere of the cerebellum[3] may exist without materially deranging the mind.

Mentality resides neither in the cerebellum nor chiefly in the frontal lobes, nor in a single hemisphere, as has been abundantly demonstrated by Physiological and Pathological testimony.[4] Moreover, brain tissue, like nerve tissue, elsewhere, as Dr. Jno. P. Gray[5] has shown, is capable of being reproduced and repaired.

An objection sometimes still urged against the somatic or material substratum view of insanity is based on the sudden cures which sometimes take place, as when a delusion has been dissipated by a joke or a fixed morbid idea driven away from the mind by a strategem. The psychical portion of the brain is naturally susceptible to mental impressions; so are the other parts of the body wherever the sympathetic nervous system reaches, as we see abundantly proven in the singular phenomena of neuro-psychic or metallo-therapy of M. Burq, lately revived by Charcot; as we see it sometimes displayed in the prompt suppression of a chill on the occurrence of a sudden alarm; in fear starting the voluntary excretory functions or preventing a convulsion; in unwelcome or bad news taking away the appetite, or stopping the heart, or in too sudden and unexpected good news causing it to beat with redoubled force or cease its throbbing altogether.

I need not recount in further illustration, the manifold vaso-motor disturbances such as cause the blush of shame, the flush of anger, or the pallid face of fear.

---

3. See paper on Unilateral Cerebellum Disease without Persistence of Symptoms, by the Author in *Journal of Mental and Nervous Diseases*, October, 1877, and Flint's Phy. and Andral's Cases.

4. See writing of Hughling Jackson and Charlton Bastian.

5. Reprint from Trans. N. Y. Academy of Med., February 18th, 1875. *American Journal In.*, April, 1876.

ARTICLE VIII.

DENTAL FALLACIES.* By Dr. JOHN J. R. PATRICK, Belleville, Ill.

The paper which I have the honor to present to you this evening, will embrace but a small part of a large but unexplored field, and will simply aim to point the way to others who may feel disposed to investigate the truth or fallacy of the "Degeneracy of the Human Teeth." I know, gentlemen, that you are well aware of the deficiency of information possessed by intelligent people, as well as the lack of knowledge by our medical brethren in regard to the errors connected with our profession.

In the discussion of this subject it will be necessary to examine some of the fallacies which the literature of our profession discloses, because it is from this class of literature alone that we must look for the most disastrous results when in error, and for the greatest good when strictly scientific. At the outset it will be necessary to ascertain, if possible, the origin of the general belief in the degeneracy of man, including his teeth. Long before science arose to deal with this subject, this belief in degeneracy became enwoven with our history, our habits and our creeds; all the errors in regard to diseases with which man appears to be afflicted, rests on the Mosaical account of the fall, which was only meant to account for the apparent disorders existing in nature. A teleological idea which is essentially bound up with the other idea—that man was created in order that the world might not be without some intelligent creature who could appreciate it. But the countless ages that elapsed prior to the appearance of man is a sufficient answer to the philosophical theories of final causes.

We can trace the spirit of this doctrine of degeneracy through successive ages down to our own time, it has been maintained and defended from every pulpit and rostrum in Christendom, and forms the basis of all opposition to every advance in every department of natural science, especially those branches which relate to Anthropology or the science of man. Like predestination in Ethics, it has a constant tendency to paralyze every intellectual effort. These opinions are simply dogmatic and traditional, held by this man because it has been held by that man, a generality of assent, which means but little more than a multiplicity of credulities. There is nothing so servile as the

* An address delivered at the Missouri State Dental Association, held at Sweet Springs, June, 1879.

human mind in the presence of established or received opinions, and this condition is not confined to the uneducated in the delicate art of observation, for men of eminent culture find great difficulty sometimes in seeing plain facts when they come in conflict with their preconceived notions. But the questioning spirit of modern science demands more than a mere belief, it requires a careful classification of existing facts and their relations to each other. It scorns to float on the stagnant pools of common opinion; it demands facts, numerous and plain, and the conclusions from them inevitable. These must precede all theories, all attempts at exposition, the verdict must come after the evidence, and not before it. In the interest of science, therefore, it seems to me that some protest is now called for against the doctrine promulgated at this late date from so high and honorable a position as a professor's chair in one of our dental colleges. I allude to the opinions expressed in an essay written by Prof. Henry S. Chase, of St. Louis, on causes of the degeneracy of the teeth and published in a valuable little work issued in numbers by the publishing house of Estis & Lauriat, of Boston.

In this essay, the Professor asserts that foreigners who have been here only two or three years often go to the dentist and say, "My teeth are getting bad; they never decayed until I came to America. There must be something in the climate which injures them." He further says: "I believe that climate has nothing to do with decay. The savages who inhabited the State of Missouri one hundred years ago, or even fifty years since, had teeth perfectly formed and of dense structure and undecayed."

The Professor unfortunately fails to furnish any better reason than the foreigner, or any kind of proof but his simple assertion. He certainly did not examine the teeth of these savages, and he therefore was in duty bound to give some good reason for the statement. He states further: "I have in my possesion a large number of teeth picked up out of the earth by *myself* five years ago from the bottom of a mound on the banks of the Mississippi which was being removed. None of these teeth bear marks of decay! The red man of the last three hundred years has always had the reputation of perfect dental structures." The reasons the Professor furnishes are as follows: The food and habits of these savages were simple and natural. A large number of isolated teeth (it would be desirable to know how many) picked up from the bottom of a demolished mound, and the bare reputation that the savage enjoyed for sound teeth, during the last three centuries, justifies the Professor in the conclusion that it was his natural mode of living that secured him the blessings of a sound set of teeth. Hence, unnaturally prepared food and not climate is the cause of dental decay. The Professor again states that "the common field hands of the South usually had strong, well-formed and undecayed teeth; while the house servants were more or less afflicted with the toothache, like their masters and

mistresses. The food of the field hands was simple; while that of the house servants was the reverse and more like that of the whites."

The Professor, in this statement concerning the negro's teeth, I am well aware is on the strong popular side of the question. The great contrast between the negro's skin and his teeth is a powerful factor in this legend; for a negro's teeth must be very dirty and bad indeed not to appear white to the casual observer. The color and prognathism of the true negroes, and the consequent obliquity of implantation of the incisors, together with a receding chin, gives to his teeth great prominence. In this particular he differs but little from all the other low types of mankind. But the field hands of the South and the house servants were two very different peoples—the house servants, as a rule, had more or less European blood in their veins, which together with association, made them more intelligent and better fitted for places of trust than their purer-blooded brethren of the field. Only so far as mixed races are more subject to irregularities of the teeth, did the house servants suffer more from diseased teeth than the field hands. Before our late civil war, the teeth of the house servants in the South were attended to as strictly and with as little regard to expense as the teeth of the rest of the family. Aside from other considerations, an aching tooth in the household, whether in the mouth of master, mistress or slave, was a very unpleasant association, and a recurrence was guarded against by a visit to the family dentist. The field hands, on the contrary, when afflicted, disturbed no one excepting a few sympathizing friends in his quarters, who furnished the patient with all the nostrums and charms of which they were capable, for the sufferer, in most cases, dreaded the turnkeys of the plantation physician with a child-like horror. A visit to a dental office by a field hand was out of the question. A residence in the South before the war and a good share of Ethiopian practice (all extracting) justifies me in saying that the negro's teeth, beyond the age of twenty, are uniformly bad, and the mulatto's worse. If an examination were made to-day of all the negroes' mouths over forty years of age, by far the greater majority would be found approaching or in the condition of the venerable "Uncle Ned's," which has been recorded in that simple but pathetic ballad which bears his name. The Professor further states that people in the rural districts, one hundred years ago, had far better teeth than their descendants, and that when he was a boy, toothache was not common. Many persons eighty years of age had never lost a tooth. (Query: Did the boy examine the aged people's mouths in order to make this statement?) And he further states that Irish girls who come to this country for service usually have good teeth, but in two or three years their teeth decay surprisingly. This is easily accounted for (says the Professor) when it is notorious

that they eat large quantities of food made from superfine flour, of which they rarely tasted in their native country. Armed with these unsubstantial theories, the Professor looks to other influences than climate for the degeneracy of the teeth, and finds the cause of all the mischief in the use of XXX superfine wheaten flour; so that the teeth of fine-flour eaters are defective, their children inherit their defective dental organization, and so the mischief spreads!

Happily for the *bone* if not the sinew of the country, unbolted flour is not the only source from which man obtains his supply of lime salts for his bone tissue. A very little reflection will show that there is more lime salts in solution in one quart of spring water, than can be obtained from the bran and shorts in one bushel of wheat. The water we drink and other food containing lime salts, will more than compensate the loss of bran and shorts taken from the wheat by the miller. For my own part, I apprehend but little danger of the prospective American appearing eventually boneless and devoid of teeth. At least it must be shown that the average American lacks in bone tissue before this hypothesis can be entertained. It must be shown that the average Bavarian, who lives on rye bread and unbolted flour, has larger bones than the proverbially "raw-boned Yankee." There must first be proof that a calf fed on bran and shorts will have larger bones and teeth when grown than one turned out to grass. So long as the secretions of the body deposit calculi and carry from the system large quantities of lime salts, there needs be no fears of succeeding generations becoming edentulous.

I am well aware that it is, and has been the fashion of the times to charge deterioration of man to the advance of centuries. It is safe to do so; it is also orthodox. "Man is growing weaker and wiser," says one. "People do not live as old now as formerly," says another. "My great-grandmother never wore spectacles," says a third. "My great-grandmother never lost a tooth, and she was over eighty," says a fourth. And yet if you were to ask either of the two last named the Christian names of either grandfather or grandmother, they would not be able to tell you. Yet they will profess to know the condition of their teeth and eyes. If this degeneracy of the human family were true, it ought also to be true of domestic animals, for the same laws which govern the physical condition of the one likewise govern the condition of the other. All animals placed in conditions favorable to their development increase in size, strength and beauty, and it cannot be otherwise with man.

Men of a purely classical education have contributed much to strengthen the belief in the degeneracy of man; they have a mania for measuring every species of excellence by a Greek and Roman standard, and are attached to the past by a ligature which they are incapable of severing. They are lost in admiration at

the sagacity and almost intuitive wisdom evinced in the writings of such men as Aristotle, Plato and Hippocrates, and having but a slight acquaintance with the progress made in natural science of modern times themselves, deem the superficial knowledge of the ancients equal if not superior to the moderns. Such a man is the Boston Demosthenes (Wendell Phillips)—"a man of swift and tuneful tongue," who has frequently treated the public, in form of lecture, to a plaintive lamentation over the lost arts. He has stated in this oft-repeated lecture that the teeth of Egyptian mummies have been found to contain gold fillings. This very important statement, if founded in fact, in the place of being drawn from the pen of some sensational newspaper reporter, would only prove that teeth decayed then as now; but I am far from giving the least credit to such a statement. Such marvelous theories might become a lawyer or an orator to sustain a false but popular lecture, but would poorly serve the interests of science, which has little to do with the dreamland of conjecture and speculation. I have watched the current literature on this question for several years, and the result has been to convince me that the prejudice which I am combatting is so deeply rooted in most minds, that it would be very difficult to meet the assertions made by members of our own profession, were it not for the positive evidence which I shall present to you this evening. The general literature of the past, as might be expected, furnishes as little on the subject of decayed teeth and toothache as the current literature of the present day. The Bible, for instance, speaks of teeth broken, teeth put on edge, and in the Jewish law of retaliation, the loss of one tooth is made to satisfy the loss of another. The nearest approach to a knowledge of bad teeth is shown in one of Solomon's love songs, where he compares the teeth of the subject of his inspiration to a flock of sheep that are even shorn and fresh from the washing; which simply shows that such teeth were unusual, or he would not have selected them as special objects of admiration. The Roman satirical poet, Juvenal, who flourished, about the seventieth year of our era, in his fifth satire, describing the common custom at Roman feasts of serving the guests according to their rank with fine and indifferent food at the same table, says:

> "The scoundrel hands the bread you scarce can break—
> Hard, musty lumps, which make the grinders ache."

To enumerate the many silly charms for the cure of the toothache in the early history of medicine would extend this essay to an indefinite length. In the middle ages the saints were fearful enemies to the progress of the science of medicine. There was not a limb of the human body but had its special guardian saint; no disease, pain or accident but an especial saint was appealed to for relief, and aching teeth were well provided for. Saint Apollonia, Saint Petronilla and Saint Lusy were the celestial dentists.

Paracelsus, the great charlatan of Germany, who rose to such

popular fame in the early part of the sixteenth century that he obtained the professorship of medicine at Basil, and whose remedies consisted principally of magic, astrology and geomancy, gave cabalistical words to be repeated for the cure of the toothache. In the early part of the seventeenth century Bishop Hall, in one of his philippics against the ignorance of some of his enemies, says "that charms are their physicians, and they wear Paracelsian characters for the toothache." In a satirical poem written by the same author occurs the following verse:

> "Or Gallia wore a velvet mastic patch
> Upon her temples when no tooth did ache."

A nail driven into an oak tree is a very ancient remedy for the toothache, and is resorted to in the rural districts of Europe to-day. I had the good fortune to see the operation performed successfully by a Swiss before an admiring crowd of farm hands, and he declared to me, through his interpreter, that the remedy had never failed him. But by far the finest record of the loss of teeth and the existence of toothache near three centuries ago, is to be found in the works of that most illustrious of dramatic poets, William Shakespeare, for had toothache and the subsequent loss of teeth not been a natural condition and a common malady, he, above all men, would not have mentioned it. I find in the comedy of "As You Like It," in the scene where the brothers Oliver and Orlando quarrel, the old servant, Adam, interferes, but is rebuked and called an old dog by the elder brother. To which Adam replies: "Is old dog my reward? Most true, I have lost my teeth in your service; God be with my old master, he would not have spoken such a word." In the same play Adam says he is nigh eighty years old. In the same comedy, act II, scene 7th, Jacques compares the world to a "stage—the men and women merely players; man in his time plays many parts," his acts being seven ages. The 7th and last scene, that ends this strange, eventful history, is second childishness and mere oblivion: *sans* teeth, *sans* eyes, *sans* taste, *sans* everything. In the 1st scene of the 5th act of the comedy of "Much Ado About Nothing" two old men, Leonato and Antonio (brothers) are introduced, Leonato grieving over the death of his daughter, who has been slandered to death by one Claudio. His brother, Antonio, proffers him consolation, to which Leonato replies: "I pray thee peace; I will be flesh and blood; for there was never philosopher that could endure the toothache patiently." Further on in the same scene the two old men confront the traducer and challenge him to mortal combat, when it is stopped by the Prince of Arragon, and the two old men leave breathing vengeance. At their exit Benedick enters, and is informed by the Prince that he almost came in time to part a fray, and Claudio says: "We had like to have had our two noses snapped off by two old men without teeth." In the same play, act III, scene 2d, Benedick (who is

supposed by his companions to be in love) appears with the toothache, when the following conversation takes place:

Benedick. I have the toothache.

Don Pedro. Draw it.

Benedick. Hang it.

Claudio. You must hang it first and draw it afterwards.

Don Pedro. What! Sigh for the toothache?

Leonato. Where there is but a humor or a worm?

Benedick. Well, every one can master a grief but he that hath it.

Claudio. Yet say I, he is in love.

Benedick. Yet is this no charm for the toothache.

In the tragedy of Cymbeline, the gaoler says to Posthumus: "Indeed, sir, he that sleeps feels not the toothache."

In the comedy of the "Two Gentlemen of Verona," Launce produces a catalogue of the virtues and vices of his mistress, which Speed, another clownish servant, reads for him. Among the vices enumerated are the following:

Speed. Item: she hath no teeth.

Launce. I care not for that neither, because I love crusts.

Speed. Item: she is curst.

Launce. Well, the best is, she hath no teeth to bite.

In the latter part of the seventeenth century Dean Swift, in a satirical poem entitled "A Beautiful Nymph Going to Bed," gives a very minute description of all the artificial adornments in use in his day, and which his Nymph removes before retiring. In the catalogue enumerated is artificial teeth.

> "Now dext'rously her plumpers draws,
> That serve to fill her hollow jaws;
> Untwists a wire, and from her gums
> A set of teeth completely comes."

The poet Robert Burns bears testimony to the existence of decayed and aching teeth in Scotland in his immortal little poem an "Address to the Toothache," written soon after the author had been tormented with that disorder. One stanza will be sufficient to show the author's appreciation of it:

> "When fevers burn or ague freezes,
> Rheumatics gnaw, or colic squeezes,
> Our neighbor's sympathy may ease us,
> Wi' pitying moan;
> But thee, thou hell o' a' diseases,
> Aye makes our groan."

Any person but slightly acquainted with European art must know that Dutch, German and Flemish painters have all given ludicrous scenes of tooth extraction, which is a sufficient answer in itself to that pleasing legend which foreigners are so fond of telling "That they never heard of bad or aching teeth in the old country." If this will not suffice, ask the barber-surgeons, the German ones; they who were licensed to practice their calling in Germany, and they will tell you that tooth extraction was in-

Saccharated Chloro-Pepsine

The Best Remedy for Nausea and Vomiting in all forms,

ESPECIALLY OF PREGNANCY, INDIGESTION & DYSPEPSIA, ALL FORMS OF GASTRIC DERANGEMENT, ATONIC DIARRHŒA, INDIGESTION—DIARRHŒA OF CHILDREN, Etc., Etc.

Vomiting in General is a reflex act due to an irritation either within the stomach—whether the irritant be introduced as such, or the irritation proceeds from over-distension of the organ or fermentation, decomposition of food—or without the stomach, the sympathetic variety.

Vomiting of Pregnancy is an example of the latter part.

A supply of *pure* pepsine, or any or all the gastro-intestinal digestive principles, fails to remedy the trouble. Why? Simply because this *functional derangement* of the GASTRIC SYMPATHETIC SET OF NERVES *requires that the remedial agent shall be especially addressed to this portion of the nervous system.*

Realizing this fact, I have prepared a compound **SACCHARATED CHLORO-PEPSINE**, in strict harmony with the pathological indications to be met, as may be attested by a perusal of the formula given below.

The Indigestions.—Indigestion, when due to deficiencies of gastric secretion, atony, or hyperæsthesia, always demands an artificial aid to digestion, in addition to regulation of diet. Pure saccharated pepsine has been used until lately; now, however, it is further reduced in strength by the partial substitution of pancreatine, the intended action of which is prevented, *since pancreatine itself*, as the physiology of digestion plainly teaches, *is decomposed by gastric digestion.* My compound not only supplies the necessary amount of pepsine, but also the *Cerium*, which, acting as a sedative tonic, overcomes the hyperæthesia of the gastric nervous supply, and hydro-chloric acid (the normal acid of the gastric juice) is generated within the stomach by the liberation of chlorine from the lime (oxychloride).

Further, the *Saccharated Chloro-Pepsine* has a very powerful and instantaneous influence in stimulating the secretion of saliva, which flows in abundance the moment the compound is placed upon the tongue. The importance of this in relation to the digestion (partial) of the starchy elements in cases of weak digestion of this class of ailment should not be overlooked.

I believe my preparation is *greatly superior* to all other compounds in the market, and to simple saccharated pepsine. Only a short time before the profession, IT HAS GAINED GREAT POPULARITY.

Testimonials received from very eminent members of the Profession attest its superiority.

FORMULA.

	gmm.
Pepsinæ Porci	**140.005.**
Cerii et Calcii Oxychloroxalat	**77.758**
Sacch. Lactis	**ad 373.241**
m **Sig., for Adults**	**10 to 15 grains a dose.**
for Children	**1 to 10 grains a dose, according to age.**

It is intended to restrict the sale of this preparation to physicians' prescriptions and orders, so that I shall rely on the profession to test its efficacy and and give it support.

PUT UP IN ONE OUNCE BOTTLES.....PRICE $1.00.

PAREPARED BY

BENJ. W. DYER, Manufacturing Chemist,

460 Fourth Avenue, corner 31st Street, New York City.

GENERAL AGENTS,

FRASER & LEE, Wholesale Druggists, 20 Beekman St,. N. Y. City.

Patented in Great Britain and Ireland, France, United States of America and Canada, 1877.

JOHNSTON'S FLUID BEEF,

A Concentrated Preparation for Nutritious Beef Tea or Soup, containing the entire azotized constituents of the Beef.

THE MOST PERFECT FOOD FOR INVALIDS EVER INTRODUCED.

Specially Recommended by the Medical Faculty.

The efficacy of "Liebig's Extract of Meat" as a harmless stimulant is everywhere acknowledged, but, outside medical or scientific circles, it is not generally known that all extracts of Beef, including home-made beef tea, are simply flavor of meat, (technically, the soluble salts of flesh,) and ARE NOT IN ANY REAL SENSE NUTRITIOUS, the process of preparation necessitating the entire exclusion of the insoluble or nutritious constituents of the Beef.

The medical profession has long realized this vital imperfection in all extracts of meat, and desiderated a food for invalids which shall combine the stimulative and nutritious properties of Beef, and be at once palatable and easily digestible. THIS PREPARATION CLAIMS TO MEET THE WANT. It has been submitted to the most searching chemical analysis by the leading analysts of Great Britain, and has been adopted in their practice by the highest medical authorities, all being as one in their appreciation of its substantial merits. It is now offered to the notice of the medical faculty of this country and to the general public, with full confidence that it has but to be known to be popularly accepted.

To obtain a perfect Beef Tea, it is essential that the albumen and fibrine (which are the flesh-forming or nutritious qualities of meat) shall be added to the extractive or stimulative qualities, and that these shall be present in a form admitting of easy digestion by the most capricious and irritable stomach. This is the theory which led to the preparation of "JOHNSTON'S FLUID BEEF" (the only meat extract which fulfills all the conditions of a perfect food.

Dr. Nichols, 31 Spruce street, Philadelphia, says: "I have used it in a case of a child suffering from extreme debility after an attack of cholera infantum; the child began to improve immediately, and is still taking the Fluid Beef. I find it very palatable and nourishing, easily digested, and am satisfied that the contained fibrine is perfectly assimilated by the tissues of the body, as shown by a great gain of strength, etc. I feel assured it will meet with general favor."

Dr. Malcom Macfarlane, 1805 Chestnut street, says: "It is with unusual pleasure and confidence that I give my recommendation to Johnston's Fluid Beef. It is in the best form and the best preparation with which I am acquainted or have used."

JOHNSTON'S FLUID BEEF is now extensively used in British and Continental Institutions, Hospitals and Asylums, and is prescribed by the medical faculty wherever it has been introduced.

Its adaptability is general to the invalid, the convalescent and the vigorous. To children it secures a strong muscular development, and for maternal nursing, imperfect mastication, athletic training, physical exhaustion, indigestion or mental overstrain, it is the perfection of known food.

DIRECTIONS FOR USE. Add a small teaspoonful to a cup of boiling water, and season to taste; or as a sandwich paste it may be used on toast, with or without butter. The can may remain open for weeks without detriment to the contents.

Sold by Druggists and Leading Grocers. Price 35 c., 60 c. and $1.00.

Robert Shoemaker & Co., Philadelphia, General Agents, U. S.

RICHARDSON & CO., Wholesale Agents, St. Louis.

cluded in the list of the operations they were qualified to perform.

The expression of firmness can not be depicted on the human countenance without the teeth, while their loss is the very type of feebleness. Painters, poets and sculptors at all times, in depicting or describing old age, have always portrayed their subjects without teeth. The sunken lips, protruding chin and drooping nose—no hard or fixed expression of firmness can be produced when they are gone; the face becomes flaccid and yielding, and this in proportion to the loss sustained in alveola, for if the teeth are lost early in life, the absorption becomes complete, and the result is the loss of the attachment of the principal muscles of expression. I do not feel it necessary to dwell further on the evidence capable of being brought forth from the literature of the historic period in support of the truths already presented; opportunity will be constantly afforded members of our profession, in the course of their general reading, to add largely to the evidence I have presented. Poor as the evidence may be that I have furnished from the writings of men, the evidence furnished by the remains of the prehistoric man is unmistakable, silent but eloquent in its silence, and beyond all controversy.

In the Academy of National Sciences of Philadelphia, there is a large collection of human crania taken from every portion of the known world. I refer to that magnificent collection made by Dr. Samuel George Marton. These skulls form the basis of his large work entitled "Crania Americana, or a Comparative View of the Skulls of Various Aboriginal Nations of North and South America." I have spent some time with these human remains, and while they are very deficient in teeth, many being lost, there are enough remaining to show that tooth decay and the maladies consequent thereto was not uncommon with these different races of men. In a work on Human Anatomy, by Alexander Monroe, published at Edinburgh, in 1813, I find on page 352, vol. I, a table of measurement of British skulls where there were no teeth, and the alveolar completely absorbed. I have in my own collection of American crania taken from the mounds of the American Bottom in St. Clair and Madison Counties, Illinois, nearly one hundred well prepared skulls of the so-called mound builders, and it is the exception to find among the whole number a sound set of teeth. In obtaining this number of comparatively good crania not less than four hundred graves were opened, the rest being too frail to preserve. The marks of alveolar abscess are common; loss of molars and bicuspids are frequent, with complete absorption of the sockets. I have two cases of antral abscess, with loss of the external wall of the antrum in one of them. I have one case of entire loss of teeth, with absorption so complete that the mental foramina is obliterated and the nasal process entirely gone. I have a number of cases in which the crowns of the teeth are in all stages of decay; others with the fangs or roots remain-

ing in the sockets, the crowns gone entirely. I have but two skulls in which the front teeth lap over each other; in all the other cases the masticating surface of the upper jaw fits perfectly that of the lower, and so with all the teeth that are not missing. The incisive teeth do not lap, but impinge on each other at their cutting edges like the molars, and are worn quite flat, so that when we look along the surface of mastication we perceive that it is almost a perfect plane. This appears to be the case with all primitive races, for they eat their food in quite a different manner from what we do. There are, however, exceptional persons in modern times who use their teeth in the ancient way. The teeth of the primitive man were used more for prehension than with us. Cuvier says, in his Comparative Anatomy, that the ancient Egyptians used their incisive teeth for the same purpose, for the incisive teeth of the mummies are all truncated, and with flat coronals. The teeth of the ancient British and Gaulish skulls are in the same condition. The introduction of the knife and fork or chopsticks in modern times, to convey food to the mouth, has no doubt modified the form of the jaws and the antagonism of the teeth.

Whatever may be said in regard to the difference of antagonism in the jaws of the ancients, the savages and the civilized man of modern times, there can be no difference of opinion as to the certainty of disease and death, for the evidence is beyond dispute that if there is a law in nature more constant than any other, it is decay and death, either in part or in mass. Every germ, in its development, meets with obstacles, meets with contending forces; so that but few of the countless millions of germs or seeds that are produced, rot before ripening and never come to maturity, and by far the largest number that do mature are warped, gnarled and twisted to such an extent that but few can be said to be in that condition which physiologists call normal. Constant, unrelenting and persistent are the contending forces which govern life; an excess of either one or the other must change and modify the character of the organism upon which they act; and the wonder is to the observant mind, not that nature does her work so poorly, but that she does it so well.

In conclusion, gentlemen, I desire to say that my only object in criticising the writings of others is prompted by an earnest desire to see the science of dentistry placed in its true position, alike beyond the reach of ridicule, fraudulent imitation and scientific dandyism.

---

* At the close of the essay a motion was made to examine the teeth of all the negroes in the employ of the Sweet Springs Company, and a committee was appointed for that purpose. The committee, after a careful examination of over thirty negroes, reported their teeth in a uniformly bad condition.

Article IX.

Management of Natural Labor.* By P. W. Logan, M. D., of Stanford, Ky.

In order to fully understand and manage skillfully a natural labor, we should thoroughly acquaint ourselves with the pelvis and the entire generative sphere. We should correctly appreciate the normal dimensions of the fœtal head; at the same time we must be ready to recognize every abnormal condition present or possible to arise. A thorough knowledge of the true pelvis and Carus curve, is imperatively demanded. Dilation of the os uteri constitutes the first stage of labor. Uterine contractions alone complete and perfect this stage. It is therefore wrong and unnecessary to exhort a female in labor to bear down, until the second stage of labor has begun. This act is evidenced by expulsive pains, which are made up not only of uterine contractions, but also the contraction of the abdominal muscles and the diaphragm. We must distinguish true from false pains in order to decide the question as to whether the woman is in labor. If labor has begun the neck of the uterus will have been obliterated as it were, the os tincæ rendered ductile and thin. In order to ascertain the condition of the uterus, etc., we must make a digital examination. This examination is best made while the patient is upon her side, this position being less embarrassing than any other. While making the examination, we are to ascertain, if possible, the presentation and position, relative proportion of fœtal head to the pelvic excavation, condition of soft parts, etc.

A natural labor is a labor which is accomplished by the natural powers of the system, beginning at about the two hundred and eightieth day after the last show of the menses, or the one hundred and fortieth day after quickening and generally terminating without interference or assistance. We will not speculate upon the proximal causes of labor. Presentations of the vertex, face and breech, constitute the normal presentations of the fœtus, all other presentations being classed under the head of preternatural labor. Hemorrhagic labor, placenta prævia, concealed hemorrhage, post partum hemorrhage, hemorrhage following delivery of after birth, hourglass contraction, convulsions, exhaustions, cramp, prolapse of cord, carcinoma uteri,

* Read before the Central Medical Association.

fainting, hernia, engagement of loop of intestine in front of womb, twins, triplets, monstrosities, version, deformed pelvis, rupture of uterus, etc., being treated under the head of preternatural labor, will not be included in this paper. In attending a labor, a physician should absent himself from the lying-in apartment as much as possible, from the fact that many times his presence embarrasses the patient and retards labor. The patient should be inspired with confidence and made as comfortable as possible, being allowed cold drinks, plenty of fresh air, cold sponging of hands and face, light covering, etc.

Should the rectum and bladder be in a loaded condition, their contents should be evacuated. In case of reluctant dilation of the cervix, venesection, aperients, injections, or the administration of castor oil is necessary. Castor oil, administered under these circumstances, "seems to relax the force of the retentive fibers of the uterus, just as it does that of the sphincter ani muscles." It encourages the expulsive powers of the womb as it does that of the colon, rectum, etc. Chloroform we find a good relaxing agent. Professor Thomas always gives his parturient patients chloroform, while in labor, usually beginning its administration when the expulsive pains set in, and states boldly that he has never witnessed any deleterious results from its use. He asserts positively that chloroform will do no harm when a female is suffering severe pain, if its administration is deferred until expulsive pains begin. The more intelligent physicians of to-day agree with him upon this subject. Pressure upon the fundus of the uterus increases tenesmic force and overcomes obstruction. The position of the parturient female exercises great influence on the progress of labor, it being frequently hastened by changing the patient from the side to the back and vice versa, or allowing her to walk. Should the patient remain upon the back during labor, the shoulders should be considerably elevated in order to cause the fœtus to properly engage in the pelvic excavation and follow the direction of Carus' curve. A woman who lies upon the back with the head and shoulders low, may suffer for hours unnecessary pain, from the fact that the axis of the superior strait in this position is disregarded. The fœtal head should always enter the pelvic excavation in a flexed position. Should the flexion and rotation not be sufficient, we must make traction upon the parietal ledge, thereby bringing the vertex to the proper position. To accomplish this the vectis is sometimes necessary. Should vaginal vesicocele supervene, lift up the uterus, thereby allowing the bladder to empty itself and the vesicocele will vanish. In the management of this trouble we have succeeded with the gum catheter when the metallic instrument was of no avail. When the perineum resists the expulsion of the head, it should be relaxed by the application of "mucilaginous fomentations to the genital region; by relaxing drinks, anodynes,

emolient enemata and the warm bath." As a rule, when the pains are strong we must wait patiently.

The perineum should not be supported until it is somewhat on the stretch; then it should be supported in such a manner as to cause extension, from the fact that extension begins when the head reaches the floor of the pelvis or perineum, and continues until restitution is reached. The support of the perineum should be gentle and well directed, as too much pressure in the wrong direction might lead to its laceration. We gain time and assist in the expulsion of the head, by slightly pressing the vertex down with the aid of a napkin, so that it can pass under the arch of the pubis, thereby diminishing the pressure of the head against the perineum and hastening labor.

In case the cord is around the neck, pull the yielding end and pass it over the head or shoulders. Sometimes the cord is so tightly drawn around the neck as to endanger the life of the child or interfere with labor, in which event it should be cut immediately and tied after delivery. This, however, is *very rarely* necessary. The child, after being expelled, should be removed out of the reach of the liquor amnii, blood, etc., to prevent its suffocation. Should the child be still-born, efforts at resuscitation should be made as soon as possible, by applying hot water and turning it from side to side, as in Marshall Hall's ready method, by dashing cold water upon it, and, if necessary, resorting to artificial respiration. Efforts at resuscitation should be continued until we are certain that the child is dead. Immediately after the delivery we should place one hand over the hypogastrium, for the purpose of ascertaining whether there is another child, and whether there is sufficient uterine contraction to expel the placenta. Kneading the uterus through the abdominal parietes will almost always effect good contractions, after which we can safely wait a short time for the unaided delivery of the placenta. Should the placenta seem slow in being expelled, pressure should be made over the fundus of the uterus, which will force the organ down into the pelvic excavation. Frequently we succeed best by continued pressure, as interrupted pressure is attended with ascent of the uterus into the abdominal cavity, which retards the delivery of the placenta.

Should the placenta not come away, then the introduction of a portion of the hand, or, if necessary, the entire hand, should be made; then its removal, with the blood, can be accomplished. The attachment of the placenta to the uterus is by cellular tissue unless there be morbid adhesions, and not by inosculation of the vessels. The afterbirth is generally easily peeled off with the hand, but this step is not necessary until we shall have resorted to the usual means of its delivery, unless unusual hemorrhage is present, in which event we should immediately proceed to empty the uterus in order that it may contract upon itself, thereby closing thoroughly the open mouths of the blood vessels.

The bandage should be sufficiently wide to reach below the hips in order to prevent its slipping up or down. The accoucheur, in the language of Professor C. D. Meigs, should watch his patient for at least an hour after delivery, as the cat watches the mouse. The woman's safety lies in a firmly contracted uterus. After delivery we should ascertain whether there be inversion. "Should inversion be present we should immediately introduce the hand and deliver the afterbirth or push the fundus back to its place, and forbid the patient to make any straining or expulsive effort." In effecting the delivery of the placenta, undue tension should not be made upon the cord, lest we invert the uterus.

Afterpains naturally accompany uterine contractions after delivery and frequently increase in severity with the birth of each child. They commence soon after delivery and continue for several days; they are produced spontaneously or by reflex irritation brought about by applying the child to the breast, etc. For relief of the afterpains some preparation of opium is usually prescribed; sometimes an anodyne embrocation applied to the breast will assist in giving relief.

The inner surface of the uterus after delivery has been compared to the granulating stump of a recently amputated limb. This condition is attended with a lochial discharge which is offensive, and usually continues for several weeks. Females should not sit up too soon after delivery, lest a fatal hemorrhage should supervene. In case of hemorrhage after delivery of the afterbirth, "always turn out the clot," remembering that the safety of the female lies in an empty and well contracted uterus. Diet during the puerperal state for the first few days should be light and unstimulating, consisting principally of milk. Professor Thomas, of New York, always gives his patients milk during their lying-in state; he considers it the best and most innocent article of diet for the lying-in female. There is, however, in the rural districts of Kentucky, much prejudice existing in the minds of the more ignorant against the use of milk just after confinement.

A labor of longer duration than twenty-four hours is considered preternatural and demands interference. The os uteri and perineum being dilatable, a vagina short and capacious is favorable, the opposite giving rise to protracted labor. Sometimes one portion of the parturient canal is relaxed and another contracted, one part of the labor being rapid and another slow and tedious. There is sometimes sudden failure of the pains; on the other hand, sluggish and feeble pains suddenly become strong and energetic, making our prognosis as to time of delivery uncertain. As a rule the membrane should not be ruptured until the os is fully dilated. Sometimes, however, a superabundance of liquor amnii necessitates earlier rupture of the membranes, as labor is thereby greatly assisted and hastened. The membranes in the

primiparous patient, as a rule, should not be ruptured at all, or at least not until the perineum is put upon the stretch, from the fact that sudden evacuation of the liquor amnii and powerful uterine contraction may diminish the placental site, thereby resulting in its premature detachment, which would be attended necessarily with hemorrhage. During first, and early part of second stage of labor, the direction of the axis of the womb should be observed; at the same time we should counteract anteversion, retroversion, or obliquity to right or left.

In supporting the perineum, the head should be pressed, during its passage, close to the pubis, so as to strain the perineum as little as possible. The cord should be tied so as not to include the bowel, should umbilical hernia exist. The lying-in female should always make an effort to evacuate the contents of the bladder within eight hours after delivery, whether she has any desire to urinate or not, as the sensibility of the organ is sometimes so diminished that it does not respond to the presence of the urine, and will continue to fill until cystitis or some other trouble is developed.

The infant should be allowed a sufficiency of breast milk, and all the sleep possible for it to have; its penis should be looked after within three or four days after its birth. We sometimes meet with jaundice in the infant, which trouble is supposed to arise from the change effected in the circulation of the liver by the establishment of respiration and the arrest of the current of blood between the penis and the liver. This usually disappears as the liver becomes accustomed to the conditions of intra-uterine life.

In the management of natural labor, we meet with presentations of the vertex, face and breech. The vertex has six positions, viz., vertex to the left acetabulum, vertex to the right acetabulum, and vertex to the pubis; forehead to the left acetabulum, forehead to the right acetabulum, and forehead to the pubis. The above being Meigs' classification, and in my opinion the simplest and best for all practical purposes. In the first position of a vertex presentation, the head descends into the pelvic excavation flexed, comes in contact with the inclined plane of the ischium, rotates towards the pubis, and engages upon the floor of the pelvis (the perineum) when extension begins, and continues until the head is expelled, when rotation of the shoulders produces the last act of this mechanism, restitution.

The mechanism being the same in the second position of the vertex presentation as that of the first, except rotation is from right to left, the head assuming a position in the act of restitution corresponding with the position of the vertex in the second position. In the third position, vertex front, or to the pubis, we have no rotation, but extension and restitution. In the fourth position the vertex is rotated from the right sacro-iliac junction to the right acetabulum, thereby converting a fourth

into a second position. In the fifth position the vertex is at the left sacro-iliac junction, but is rotated by the mechanical form of the pelvis to the left acetabulum, thereby converting it into a first position. In the sixth position we find the vertex at the promontory of the sacrum. This position is usually converted into the fifth, then into the first with little or no assistance, but the position is very rare. When the head presents extended, we have a face presentation, the chin being at one side of the pelvis and the forehead to the other. There are two positions of the face, in either of which the chin should be brought to the pubis.

When the face presents the chin must be born first, from the fact that the occipito-mental diameter is greater than any diameter of the pelvis. The chin should (if not of its own mechanical force rotate to the pubis) be brought to the pubis, lest rotation into the hollow of the sacrum might necessitate embryotomy after a hard and protracted labor.

Therefore in face presentations always bring the chin to the pubis, unless rotation to the pubis is effected spontaneously.

Delivery by the face can be accomplished spontaneously and without assistance from the accoucheur. When it is possible we should restore the flexion by pushing up the forehead and bringing down the vertex, but should failure attend our efforts in the accomplishment of this end, we invariably bring the chin to the pubis, in order that it may escape first, thereby allowing flexion to take place as soon as possible.

Obliquity of the womb is supposed to be a cause of face presentation; it is therefore important to correct uterine obliquity.

The reference to two face positions are quite sufficient. In the first position the forehead is to the left, and the chin to the right side of the pelvis; in the second position the forehead is to the right, and the chin to the left side of the pelvis. In either position we bring the chin to the pubis.

In face presentations, the face of the child is swollen and otherwise disfigured; we should, therefore, notify the mother prior to the birth of the child that such will be its condition, thereby preventing the attachment of unnecessary blame to the accoucheur. While presentation of the breech is a perfectly natural presentation, the life of the child is in much greater jeopardy than if the presentation were cephalic. We have about one breech presentation in every fifty cases of labor, and about one in every five cases is fatal to the fœtus. The danger arising from breech cases results from asphyxia, which is due to compression of the cord, detachment of the placenta before the head is born, compression of placenta between the uterine parietes and the head of the infant; also constriction of the placental superficies of the womb during the time the child's head lingers in the vagina, the placenta-fœtal circulation from this cause being interfered with and respiration prevented because of detention of the head; the life

of the child (under these circumstances) if not sacrificed, is in imminent peril.

We should not hesitate, in the case of a breech presentation, to make considerable traction upon the body of the child, in connection with traction made upon the inferior maxillary, there being much more danger from asphyxia or suffocation than from injury of the spinal cord sustained by traction. We may save the life of the child by introducing two fingers into the vaginal canal and pressing the soft parts away from the mouth and nose of the fœtus, thereby allowing it to breathe and cry lustily until there is sufficient tenesmic force developed to cause its expulsion.

Being thoroughly acquainted with the normal conditions attending a natural labor, we can readily anticipate and recognize an abnormal or preternatural condition, which should be taken advantage of in due time. A natural labor may become preternatural; we should, therefore, constantly during our attendance upon the parturient female, be upon the alert and fully prepared for any emergency. By passing the finger along the linea ileo-pectinea, we ascertain the relative size of the fœtal head and pelvic excavation. Presentation of the foot or knee is simply a deviation of the breech presentation. Artificial irritation of the os uteri will increase uterine contraction, and is frequently resorted to; the introduction of a gum catheter into a lazy uterus will increase its contraction. A physician in New York reports a number of cases of rigid os as having yielded readily to the injection of atropine into the substance of the womb. As a last resort, in case of rigidity of the os, we would force dilation by introducing one finger after another until sufficient dilatation was produced.

With reference to puerperal convalescence, Dr. Goodell writes as follows: "See to it that the patient has a good getting up. Lactation should be encouraged, and from the first day the diet should be generous." Premature exertion should not be allowed. On the other hand, the recumbent posture should not be too rigidly enforced, as it may, in some instances, retard the passage of clots and lochial discharge and induce local congestions of the uterus. The patient, after confinement, should be allowed ordinarily to sit up whenever she feels sufficiently strong and well enough to do so. The obstetric binder, when worn too long, weakens the retentive power of the abdomen and causes the uterus to press unduly upon the vena cava and the pelvic veins, whereby the uterine circulation is interfered with and the process of involution interrupted. Interruption of this physiological process leads to too long a continuance of the lochial discharge.

Unhealed lacerations of the cervix uteri are also a cause of protracted lochial discharge. Astringent vaginal injections and the administration of iron, ergot and nux vomica, with a liberal use of wine, beer, etc., is advised in this condition. A vaginal

wash containing carbolic acid is recommended after abortions and labor, because of its tendency to prevent septic disease. With reference to the communication of septic or puerperal disease of a specific or contagious character by a medical attendant during or after labor, we must state that if such disease is communicated by a physician, it would be developed within three days after the termination of labor, from the fact that the peculiar poison which produces the specific or contagious form of puerperal disease will have been absorbed before the raw surfaces are granulating. The granulating process occurs by the third day after labor, after which time the absorption of septic material does not take place. Therefore, puerperal disease, occurring twenty days after confinement, could not be attributed to infection or contagion communicated by the medical attendant who had delivered the patient twenty days prior to the inception of puerperal disease.

Prof. Barker, of New York, states that "septic absorption must arise from traumatic lesions, which lesions are granulating by the third day, after which septic absorption cannot take place. Should absorption take place at the time of delivery, the effects of the poison will be developed by the third day." It is therefore impossible for a female, twenty days after the birth of her child, to be stricken down with puerperal or septic disease arising out of the attendance of a physician twenty days before the inception of her disease.

Reports on the Recent Progress of Medicine.

SURGERY.

By H. H. MUDD, M. D.

Suggestions for new treatment and claims for improvement in surgical practice are so numerous and so rigorously urged, it is difficult to determine what is most worthy the attention of the reader, and impossible to discriminate always between what is new and the revival of old theories or doctrines, for many of the improvements claimed and suggestions advanced are but a new presentation of old practices. Where they have what seems to be a good foundation in theory, experience, or where the personal judgment of the author is such as to justify a careful consideration of his views, they will be presented.

SUSPENSION.—Thomas Annandale, F. R. C., S. E., read before the Medico-Chirurgical Society of Edinburgh, 4th March, 1879, an essay on "Suspension as an aid to Surgical Demonstration and Practice," which was published in the May number of the *Edinburgh Medical Journal*. He uses, in preference to the tripod of Sayre, two wooden upright stands eight feet three inches high with a movable cross-beam connecting their upper ends so as to form a scaffold four feet wide; and to this, by means of hooks, pulleys and padded straps, he suspends the tumor, limb or patient as the case may be.

Suspension as an aid to diagnosis and treatment of spinal affections is very generally admitted, and perhaps too generally practiced, for it is not always a safe practice; but he goes farther and thinks it very frequently adds much to thorough and satisfactory examination of arms and legs to have them suspended. It does seem that we might frequently obtain valuable information concerning the relations and character of pelvic tumors by the gradual raising of the pelvis through elevation of the limbs as suggested by him. The author claims that suspension has three advantages in amputation of the limbs and the removal of tumors:—

(1.) As the most simple means of assisting in emptying the vessels of the part to be removed of their contained blood.

(2.) As the most convenient method of keeping the affected part in position and allowing it at the same time to be freely manipulated, if required, without the aid of unnecessary assistants,

who might obscure the view of the operation or interfere with its ready performance.

(3.) As an assistance in carrying out the Listerian antiseptic principles.

In April, 1878, he transfixed a large adenoid tumor of groin and by means of his pulleys lifted it from its bed and thus was enabled to dissect it from its attachments without much manipulation. These large tumors are unwieldy, and it appears probable that in such cases the suspension would materially assist in the operation and meet the claims of its author and the expectations of the operators, and especially is this so in cases where assistants are not abundant.

It does not, however, occur to me that it would be of such advantage in amputation as to merit any very extended use, although it would very perfectly empty the vessels of the part to be removed of their contained blood.

He has also used it in elevating the legs and pelvis in reducing strangulated hernia and in removal of foreign bodies from the trachea.

It certainly might occasionally be useful in both instances.

But the author has not suggested—though perhaps its use in reduction of hernia might suggest the thought—that it be used in a very important class of cases which interest both physicians and surgeons, viz.: the twists and intussusceptions of the intestines. If Mr. Jonathan Hutchinson be correct in his suggestions concerning the proper manipulative measures for the relief of such obstructions, then it is here that suspension will find its greatest use, viz.: in the administration of an enemata in the inverted position and in abdominal taxis for the diagnosis and treatment of these conditions.

I cannot believe that the three advantages claimed for the system will be found of any material import in amputations of the extremities. If one has trained and intelligent assistants, no machinery can be made to answer as well as an expert assistant.

Litholapaxy or Rapid Lithotrity with Evacuation.—The principles underlying the practice of this new operation are so opposite to all prior medical teaching, that their value could not be properly estimated until tried by actual experience, and this has been so favorable during the year and a half that has elapsed since its first announcement by Prof. Bigelow, that it seems proper to refer to the subject and record its progress.

The object to be obtained in this operation is the rapid crushing, though not necessarily the pulverization, of the stone and its immediate evacuation through the largest tube the urethra will admit.

There is no limit put upon the time given to the operation and less danger apprehended from prolonged instrumentation than from retention of sharp fragments of stone or the use of

large evacuating tubes, to clear the bladder at once from all irritating fragments. Sir Henry Thompson, who has performed lithotrity more frequently than any other man, says in his work published in 1868 that the problem to be solved is "The removal of a stone without injury to the bladder either in employing the instrument or by the action of the fragments themselves. * * * As a rule, every thing is to be done with a lithotrite * * * Other means, Clover's apparatus, for example, which is best of all, may be employed in exceptional cases. * * * Then you will take care that this debris is not hurried away when first made and while it is sharp. If it can remain in the bladder two or three days before it passes, it will become somewhat water-worn, and will pass more easily."

The limit in time allowed by him for a sitting was from two to four minutes. Thus it will be seen that his fear was of too much instrumentation—the evacuating apparatus was avoided, and the fragments retained for several days, if possible.

No doubt Sir Henry Thompson took greater liberties with his patients than he was willing to advise others to do, for Dr. Van Buren says that in 1865 he saw him operate and remove in half an hour by crushing and using Clover's evacuating catheter, a stone from an irritable bladder. Yet it is evident from his report of five hundred cases of stone in March, 1878, and from statements subsequently made by him that the position then occupied by him was substantially the same as in 1868. He delegated a larger proportion of his cases to lithotomy, but indulged in more prolonged sittings and used more freely anæsthetics. It seems apparent that his practice inclined to longer sittings and more work, but he still avoided large instruments and free instrumentation, and clearly failed to recognize as a fact the toleration of the bladder of instrumentation, and to Prof. Bigelow belongs the credit of the distinct enunciation of this fact and the advocacy of large instruments and prolonged work with them and immediate and complete evacuation of the fragments. These three very important departures from accepted practice and teachings are innovations, distinctly American, in surgical practice, and are to be credited to the independence and courage of Prof. Bigelow. Immediate and thorough evacuations of fragments by means of large instruments and their free use, is I think the true foundation for the operation, and I believe success will attend its practice. Mr. Wm. Cadge, in the *London Lancet*, April 15th, 1879, reports the result good in six cases in which the time occupied was from ten minutes to half an hour.

Mr. Van Buren gives in the *Medical Record* of September 28th, 1878, and March 22d, 1879, the result of litholapaxy in thirteen cases. The operation, in some cases, occupying an hour, the result being good, and the superiority of the principles enunciated by Prof. Bigelow is recognized.

The chief point in Bigelow's operation is in the recognition

and use of the hitherto unknown tolerance of the bladder of prolonged instrumentation.

Proclaiming this as a fact and adapting his instruments and operations to it, constitutes the improvement made in the operation of lithotrity by Prof. Bigelow.

How great the improvement may prove to be can only be determined by an experience that must embrace the experience of years and its comparison with the result of the methods so long recognized and which was considered by Sir H. Thompson, the great lithotritist, so nearly perfect.

It remains to be seen whether recurrence of stone from undiscovered fragments will be as frequent as under the old *regime*, whether cystitis will be as frequent and severe as when the fragments are permitted to remain in the bladder, whether retention of urine from atony will be more frequent and prolonged, whether the per centage of recoveries is greater, and whether these recoveries are prompt and satisfactory, thus dismissing that large class of cases in lithotrity which neither recover perfectly nor die promptly.

I think we may safely infer that recurrence of stone from retained fragments will not be so frequent when the large evacuating tube is employed. I believe cystitis will not be so frequent, and when we remember that urethral fever is not dependent in any way upon the amount of injury done to the part, but is uncertain in its development—often appearing in great violence where no injury has been inflicted and instrumentation has been at a minimum, while it is absent when injury is great. It seems strange that the tolerance of the bladder to prolonged instrumentation had not been long since tested by experience.

If the operation proves to be all that we hope and believe it will, new honor will be given to American surgery and a great gain recorded in the surgery of the world.

Septicæmia.—The *London Lancet*, May 24, 1879, in an editorial gives a brief outline of the report of the committee appointed by the Pathological Society to inquire into the nature, causes and prevention of pyæmia, septicæmia, and purulent infection. The term pyæmia was reserved for those cases in which metastatic suppuration was present.

Cases of septic intoxication were noted comparable to those produced by injection of septic fluids into animals, and the committee estimate that it would require the entrance of "two or three ounces of putrid serum into the blood at one time" to produce such intoxication. This pre-supposes a large absorbing surface and the presence of confined putrid fluid, conditions not infrequently found after ovariotomy. Bacteria were found in nearly every case where the blood was examined, but were regarded by the committee as evidence of the existence of pyæmia rather than the cause of its production.

The association of arthritic pyæmia with inflammation of the genito-urinary tract was very constant.

The examinations of the urine showed a diminution of the excretions of its inorganic constituents, chiefly earthy phosphates. Septicæmia is now of such interest that it is to be hoped that the complete report as submitted by the committee and which considers the etiology, semeiology and pathology will add something more to our knowledge of this disease.

Hip-joint Disease.—Joseph C. Hutchinson in an article in *The American Journal* for January, 1879, describes what he calls physiological method of extension in the treatment of morbus coxarius. He says: "The indications for the treatment of morbus coxarius as I understand them, are: (1) to secure immobility of the joint; (2) to procure extension of the limb; (3) to take off from it the superincumbent weight of the body; (4) to provide means to enable the patient to take exercise in the open air."

These indications are well stated, will meet the consent of most surgeons, and if fulfilled will answer for the treatment of a great majority of cases of disease of hip-joints. He then announces that "To secure immobility of the joint no apparatus is necessary." Also that "to obtain extension of the limb no apparatus is required," and thus leaves only the third and fourth indications to be provided for, and in doing this with a very simple apparatus puts the patient in a condition which permits physiological and physical laws to supply both the first and second indications. "To remove the weight of the body from the limb and to adopt some expedient that will allow the patient to get the benefit of open air exercise," will fulfill the third and fourth indications, and this is accomplished by fastening to the shoe of the sound limb a steel plate, to which is attached a second plate by means of two or three upright rods three inches in length. This second steel plate should be covered on its inferior surface with leather. This apparatus raises the sound foot from the ground and with a pair of crutches accomplishes the object desired, for it allows the diseased limb to swing clear of the ground, enables the patient to exercise freely while the weight of the limb produces sufficient extension, and the rigid muscles excited to action by the inflamed joint, produce immobility of the joint.

Fixation of the joint, as the author contends, is accomplished more perfectly by muscular action, without the aid of mechanical apparatus, than with it. It is certainly a fact that the joint is often very perfectly immobilized, especially in the second stage, but it is not so perfectly in the first stage. The muscles do not resist motion in the joint when first it becomes affected, except in extreme motion, as of flexion and extension. The author claims that the results of his treatment are good and it may be all-sufficient, but the joint cannot be said to be immobilized by the muscles, nor by the apparatus when the disease is entering upon the first stage.

I am inclined to believe that the apparatus is sufficient for this stage and that immobilization cannot be obtained without too great a sacrifice. The author refers, very properly I think, to the advocates of what is termed the "American idea" of an apparatus which makes extension but permits motion of the joint without friction. He says: "This seems to me to be a mechanical absurdity." I think the anatomy of the joint, the physiological and pathological conditions attending this disease sustain his position, and believe that we do not have motion without friction, and that this friction in a hip joint in second or third stage is no more desirable than it is in any other inflamed joint, and is to be avoided.

The author's experience leads him to think that extension at night will not be necessary, but may be used if needed.

The plan is simple and is easily and efficiently enforced, and if it will answer the purpose, will be a great advance in the treatment of these cases.

Some of the eminent surgeons, distinguished in this specialty have been in the habit of declining to treat any patient who could not be under their immediate supervision, because of necessity of constant care in the proper management of the apparatus supposed to be necessary in its proper treatment.

The plan as herein indicated can be carried out efficiently by the ordinary practitioner and will thus be made available to many who could not be placed in skilled hands, nor yet afford the complicated apparatus heretofore used.

An Improvement in Treatment of Epididymitis.—In April number of *American Journal* an extract is made from the *Medical Times and Gazette*, December 14, 1878, of an abstract of a paper contributed to the *Allegemeure Wiener Med. Zeitung*, Nov., 1878, by Prof. Zeissel, giving his results of treatment of epididymitis. He states that for ten years the plan of treatment has been antiphlogistic, viz., leeches and cold compresses along the course of the cord to the perineum, the employment of purgatives, a restricted diet, and confinement of patients to bed.

The time required, the attention necessary, and the confinement made other treatment desirable. *Frick's* plan of regulated compression by means of adhesive plaster was tried but abandoned on account of its inapplicability when the skin was sensitive, and on account of the danger of wasting of the testes and gangrene of the scrotal tissues.

The plan now adopted and with satisfactory results, is that of Langlebart as described by Horand. The apparatus used consists of three parts—a layer of wadding of a sufficient degree of thickness, a square piece of caoutchouc cloth, and a suspensory. This last, triangular in shape and slightly concave, has a hole at its upper edge, through which the penis is passed. To its two upper corners are attached two long bands which serve to confine it around the abdomen, and the lower angle is also attached

to two bands which surround the thighs, these last being connected with and fastened to the bandage which goes around the abdomen. The patient lying in the horizontal posture, raises the scrotum, well enveloped by wadding, as high as possible upon the symphysis pubis, and then the square piece of caoutchouc cloth is applied with its shining side towards the wadding, a circular hole having been made in its upper part for the passage of the penis. The suspensory is then put on and firmly secured to the abdominal band. By this means the scrotum is kept up almost level with the upper edge of the pubis. Horand does not undo the bandage until the end of a week, and if he finds the swelling has not yet disappeared, he continues the procedure or applies a resolvent ointment or plaster.

Such is the plan recommended by Prof. Zeissl, of Vienna, in Nov. 1878, as an improvement in the treatment of epididymitis. Certainly it is a marked improvement on the plan pursued in his treatment at the hospital, where he has treated during the past eight years 696 cases according to the anti phlogistic system, as indicated in the beginning of this paragraph.

The widespread faith in cold as an application and the latent desire to use compresses by adhesive straps, has induced me to consider Prof. Zeissl's so called improvement, in order that I might call attention to the fact that this improvement is almost identically the treatment recommended by Van Buren and Keys in their work on "Genito-Urinary Diseases," published in 1874. Treatment will be found on pages 424 and 425.

He there distinctly states that "where pain and swelling are already present, any cold or astringent application is harmful." I have during the past ten years very rarely seen cold applications used for such inflammations, and have used the triangle for a suspensory as recommended by Van Buren, and think American surgeons generally use warm applications in preference.

The plan of Langlebart is practically a fomentation with proper suspension and suspension that can be obtained in no other way. This suspension, with slight compression and retained warmth and moisture, will certainly shorten the duration of these cases from one-half to two-thirds.

DISEASES OF THE RESPIRATORY ORGANS.

BY WM. PORTER, M. D.

1. Advance in Laryngology.
2. Massage of the Tonsils—Quinart, Arch. Med. Belges, per N. Y. Med. Jour., Aug., 1879.
3. Ear Cough—Woaks, London, H. K. Lewis, 1879.
4. Carbolic Acid in Whooping-cough—Seeman, St. Petersburg Med. Wochenschr, 1879.
5. Treatment of Diphtheria—Lownds, Lond. Lancet, July, 1879.
6. Syphilis of the Trachea and Bronchia—Vierling, Deutsch, Arch. für Klin. Med., 1879.
7. Laryngeal Tumors and Tubercular Laryngitis—Ingalls, Chicago Med. Jour., July, 1879.
8. Laryngeal Phthisis—Bosworth, N. Y. Med. Record, May, 1879.
9. Laryngeal Phthisis—Heinze. Veit & Co., Leipsig, 1879.
10. Œdema Glottidis in Laryngeal Phthisis—Gougenheim, Gaz. Hebdom., 1879.
11. Tracheotomy in Bi-lateral Paralysis of the Posterior Crico-Arytenoid Muscles—Sémon, Lond. Lancet, May, 1879.
12. Galvano-Tracheotomy—Bœchel, Lond. Med. Record, April, 1879.
13. Inhalation in Pulmonary Diseases—Davis, Detroit Lancet, May, 1879.
14. Contagion of Phthisis—Bancroft, Am. Med. Bi-Weekly, 1879.
15. Pulmonary Thrombosis—Huchard, Le Union Medicale, 1879.

1. We refer with pleasure to the many excellent reports now being made on laryngology, giving fair promise that this department is well cared for. In this country, Lefferts (*N. Y. Med. Jour.*), Knight (*Boston Med. and Surg. Jour.*), Glasgow (*Courier of Medicine*), and Hartman (*Maryland Med. Jour.*), are doing good work. The former has made eighteen reports to date, the bibliography being the most complete extant. Great assistance to the collaborators is furnished by the *Index Medicus* of Drs. Billings and Fletcher, while in England we find that Dr. Sémon has taken charge of this section in the *London Medical Record*, and is making his reports one of the features of that well known journal. As a further evidence of the labor bestowed by those devoted to this specialty, we have the recent, almost simultaneous issue of Seiler's little "Manual," Cohen's large and very complete second edition of "Diseases of the Throat," and the third edition of Prosser James' "Lessons in Laryngoscopy and Rhinoscopy." Several other books of similar purport are in press, and the forthcoming "Transactions of the American Laryngological Association" will be full of interest. We regret that want of space forbids us to mention all of the valuable papers received since our last report.

2. M. Quinart, of Belgium, treats hypertrophy of the tonsils as follows: He covers his index finger with alum, introduces it into the mouth, and brings it to bear directly on the tonsil, which is manipulated with gradually increasing force. After a few repetitions this method ceases to give pain, and the patients learn to practice it themselves. This treatment is not applicable during acute inflammation. [Massage has for some time been employed for the absorption of hypertrophied tonsils, but without much success. The topical application of astringents, alteratives, etc., has availed little. Probably a combination of the two methods, as above, will do better.]

3. In the third chapter of his recent work on "Deafness, Giddiness and Noises in the Head," Woaks gives an interesting explanation of "ear cough." This phenomenon is "due to irritation of the sensitive fibers of the auriculo-pneumogastricus distributed in the meatus, which is reflected along the motor fibers of the superior laryngeal nerve, exciting in the larynx the act of coughing by causing contraction of the crico-thyroid muscles." If the vaso-motor fibers are involved, structural lesion of the larynx may result through impressions conveyed by way of the pneumogastric ganglion, and thence to the first cervical ganglion. Thus the vaso-motor supply of the larynx may be influenced, giving rise to congestion of the laryngeal vessels with effusion or hypersecretion.

4. Dr. Seeman, of St. Petersburg, advocates the use of carbolic acid in whooping-cough. To have the best effect from this agent, a woolen cloth should be saturated in a 5 per cent solution and affixed to the head of the bed, so that the child may inhale it while it sleeps.

5. Having had almost unbroken success in the treatment of diphtheria during eleven years, Lownds believes it to be allied to erysipelas, and treats it with one of the per salts of iron, e. g., tr. ferri perchlor. f. ʒij; liq. ammon. acet. f.ʒij; potass. chlor. f. ʒiss; aq. distil. ad. f. ʒviij. In this solution there is formed the acetate of iron, muriate of ammonia and free chlorine. A tablespoonful may be given every hour in urgent cases during the first few days of treatment. Lownds does not interfere with the membrane, prescribing only a gargle of weak solution of permanganate of potass. He also procures at least one evacuation of the bowels daily, supports the system by wine, soup and milk, and insists on perfect ventilation.

6. From forty-six cases of syphilitic disease of the respiratory tract, Vierling concludes that ulceration always occurs in syphilis of the trachea, resulting either in cicatrization and narrowing of the tube, or in perforation of the tracheal walls. The principal evidences are the history, cough, purulent expectoration and dyspnœa. Bronchial syphilis is rare beyond the two bronchi.

7. In the article by Ingalls we find a short resumè of some kinds of laryngeal growths, and the history of two cases, the second one being more probably the result of tubercular deposits. Our author found evidences of tuberculosis in the lung, yet hesitates to call the associated laryngeal disease tubercular. [We do not find fault with him for this, as there are many who bear him company, though clinical experience is rapidly confirming the views of Foster, Frankël and Virchow regarding this vexed question. We doubt not the nature of such cases, whether shown by the characteristic nodule, or whether influenced by the closer laryngeal structures, there is merely an infiltration of poorly developed rapidly proliferated cells. Just here is an important difference between the so-called tumors of the larynx and tubercular infiltration. The former consist of large, well developed cells, producing densely organized neoplastic formations; the latter is mainly composed of small, poorly formed cells with multiple nuclei, which, rapidly increasing, soon crowd upon each other and die. Under more favorable conditions for development, as in acute disease in the less dense lung, these newly formed degenerate cells attempt organization, whence the tubercular nodule. The character of the disease does not depend upon the success of this attempt, it is tubercular *per se*. We do not mean that in all cases of laryngitis in phthisis we can find true tubercle, for there are many instances in which the catarrhal and follicular inflammations predominate. The point in question is this: If pulmonary phthisis, as distinct from chronic broncho-pneumonia and fibroid phthisis, depends on tubercular infiltration, and is a constitutional disease, then the typical laryngeal inflammation of phthisis, arising from like causes and in direct sympathy with the lung disease, is tubercular also, for as Flint states it, "both have a common causation."

Possibly no chapter of pathology has been more fully illustrated of late than that which relates to laryngeal tumors. Since the laryngoscope has lighted up hitherto dark passages in human anatomy there has been a constant exodus of growths from recesses where they had long lain undisturbed. Were it not that these tumors are often recurrent, the multiplicity of reports would lead one to imagine that there would soon be a dearth of them. It is now known, however—though twenty-five years ago it was unknown—that laryngeal growths are not uncommon, and that they are frequently the cause of conditions formerly designated "hoarseness," "aphonia," etc. The comparative safety with which these neoplasms may be removed, and the actual and generally permanent relief that is done, naturally stimulates experts to aggregate reports of such cases. Nor would we disparage this. It is rather a matter of congratulation on the part of the surgeon, certainly of the patient, that we have a rapid and almost painless procedure as a substitute for doubt, laryngotomy or death. Not the least important contributions to conservative

surgery have been the histories of these cases by Elsberg, Lefferts, Wagner, Cohen, Todd, Ingalls and others in this country, and by a host of well-known authors abroad.]

8. In considering the subject of laryngeal phthisis, Bosworth gives most excellent directions for treatment. First, thorough cleansing of the parts; second, application of such mild astringents, alteratives or resolvents as may be indicated; third, the application of an anodyne to relieve pain or irritability; fourth, the application of iodiform to ulcerations. The efficacy of the treatment is emphasized by the history of twenty-nine cases. This author does not believe that laryngeal phthisis is a manifestation of tuberculosis, but a separate disease, into which a simple catarrh may develop, provided there exists a depraved condition of the general system, which may be due to the tuberculous, scrofulous or syphilitic diathesis, malaria, anæmia, or Bright's disease. [Much depends, we know, upon what is meant by tuberculosis. We must dissent, however, from the opinion that catarrhal conditions, the sequelæ of syphilis, Bright's disease, etc., through diminished systemic resistance, are instances of true laryngeal phthisis. The wide range which is given to this term must, in part, account for the pleasing results of treatment, as thirteen out of the twenty-nine cases were virtually cured of the laryngeal disease.]

9. The scholarly brochure of Heinze, of Leipzig, does much to decide the question as to whether laryngeal phthisis is of tubercular origin, or whether, as many claim, it is merely a catarrhal inflammation. The author cites 475 cases which were examined in the post mortem room of the university, and as this evidence is direct and valuable we ask attention to his statements. The larynx was ulcerated in 30.6 per cent of all the cases, the trachea in 8. Men are more liable to this complication than women. After the lungs, the organs most frequently affected in phthisis are the intestines, 51.3 per cent, and the larynx in 30.6. Laryngeal ulceration is mostly found between the ages of 21 and 30. Regarding the pathology of the disease, in 94 per cent there was tubercular degeneration in either the larynx or trachea, or both. Heinze shows that though there may be the rare coincidence of a non-tubercular laryngeal ulcer with phthisis, yet the changes in the larynx called "laryngeal consumption" are, as a rule, entirely *due to tuberculosis* of the mucous membrane of the larynx. The author concludes, first, primary tuberculosis of the larynx is not proven; second, it is impossible to determine, accurately, without examination of the lungs, whether a laryngeal ulcer is tubercular or not, though from the characteristic appearances a very probable diagnosis, by means of the laryngoscope alone, may be made; third, a cure of laryngeal tuberculosis will, most probably, never be made. [Tubercular infiltration of the lungs is sometimes limited; cavities become circumscribed; subjects of acute tuberculosis do not

always die (McCall Anderson); why, then, should we not hope for recovery, in some cases at least, of tubercular laryngitis, especially if rest to the parts is secured by tracheotomy, as recommended by Elsberg, Robinson and others. The large number of his autopsies would almost seem to justify Heinze in his third conclusion, did it agree with the clinical experience of others. This contribution is invaluable to those interested in the pathogenesis of laryngeal disease.]

10. In a paper on laryngeal phthisis in the Congress of the French Association for the Progress of Science, Gougenheim declares that the urgent symptoms formerly associated with the idea of œdema glottidis are more frequently in this disease the result of compression of nerve fibres by infiltration. In these cases of inspiratory obstruction, the posterior crico-artytenoid muscles are at fault, consequently scarification is dangerous, and except in cases of hyperplastic change, topical applications are useless. Tracheotomy gives the best promise of success. [Formerly almost all cases of paralysis of the abductor muscles of the vocal cords were supposed to result from central nerve lesion. Lefferts has, however, published two undoubted cases in which syphilis was the cause of this condition, and we believe, with the author quoted, that it may accompany laryngeal phthisis. Dr. Mudd, of this city, performed tracheotomy in a well defined and urgent case of bilateral paralysis of the abductors, two months since. The laryngeal condition was carefully determined by the laryngoscope, and physical examination yielded the characteristic evidence of tubercular infiltration of the lungs. Since the operation, there has been decided improvement in the pulmonary disease, the crepitation, dulness and muco-purulent secretion having sensibly diminished. Favorable laryngeal change is not, as yet, marked, though the paralysis seems to be less complete. This case, and the good result from operation, tend to confirm the views of Gougenheim. Another case in the practice of Dr. Mudd, was that of a farmer, æt. 50, who was seen one year from the inception of the disease. There was no pertinent history or cause found for the paresis of the abductors, after the most careful inquiry, neither was there any infiltration of the laryngeal structures. Except this lesion the man was in excellent health. Ott reports a case (Prag. Med. Woch., No. 15, 1879,) where paralysis of the abductors was evidently produced by the pressure of a large piece of meat, wedged in the pharynx for twenty-four hours. The paralysis remaining even after the foreign body had been dislodged, tracheotomy was done.]

11. Dr. Sémon, having performed tracheotomy on a patient suffering from paralysis of the abductor muscles of the vocal cords (the crico-arytenoidei postici) endorses such treatment thus: In a case of bilateral paralysis of these muscles in which a considerable stenosis of the glottis has taken place and marked dysp-

nœa is present, unless within a short time not only subjective relief but an actual enlargement of the glottic opening has been obtained, tracheotomy ought to be performed without delay. [This is certainly the indication in this comparatively rare condition. Over ten years ago Mackenzie's dictum was, "the operation without delay to save the patient." On account of the difficulty of breathing, the vocal cords acting as a valve to prevent inspiration, local remedies cannot be satisfactorily employed. In a few cases temporary relief has been given by electricity, but there has still been some stenosis remaining, threatening danger to the patient.]

12. In the *Ann. des Mal. de l'Oreille et du Larynx*, Vol. iv, No. 6, Bœckel says that the best mode of tracheotomy, whether by knife or galvano-cautery, remains an open question. It appears that in the latter method, there is not much less hemorrhage, more trained assistants are required, the wounds inflicted are larger, present an erysipelatous redness and heal slower than when the knife is used. It is not likely that the galvano-cautery will supercede the always ready knife except to a limited extent, in tracheotomy.

13. After mentioning the fact that in certain diseases the respiratory tract is quickly responsive to medicated inhalations, Davis states that vapor penetrates to the deeper bronchial and pulmonary passages more readily than spray, especially if the vapor be in the form of steam. In chronic bronchitis with excessive muco-purulent secretion he commends acid. carbol cryst. grs. xxx; tr. opii. camph, f. ʒ iij; a teaspoonful in half a pint of hot water, to inhale as directed. Where there is a harsh, hard cough with little expectoration he writes, ol. terbrinth. f. ʒ j; tr. opii camph. ad. f. ʒ iij, used as above. In pneumonia and phthisis, where the bronchial tubes are much implicated, such inhalations are often indicated, and should last from five to ten minutes, being repeated several times daily.

14. Bancroft, believing that phthisis is contagious, alludes to two ways in which it may be communicated. 1st. The ejected matter from the lungs of a diseased patient, falling into the street, becomes adherent to particles of dust and may thus enter the lungs, especially if there is a great amount of sputum about the place of resort. 2d. As the morbid exhalations in phthisis are abundant, the hotels and houses long used by consumptives become polluted with effete matter, and are dangerous both to the weak and the strong. There is no disease more susceptible to the influence of impure organic matter than phthisis. The author protests against the crowding of health resorts, now so universal.

15. In a recent article in *L'Union Medicale*, Huchard calls attention to the fact that in cachectic diseases, owing to the changes

which the composition of the blood undergoes, together with progressive enfeeblement of the cardiac contractility, the tendency to sanguinous coagulations in the veins of the limbs, the sinuses of the dura mater and elsewhere, is great and fraught with much danger, from the consequent presence of wandering coagula in the veins, and their arrest in the right side of the heart, or even as emboli in the pulmonary artery. He also maintains that in many cases when sudden death is due to the plugging of the pulmonary artery, the plug has formed at the spot where it is found, and that we have to do with a thrombus, and not an embolus. In cases of marasmic embolism the plug is usually formed at spots where there is the greatest tendency to blood stasis, i. e, at the points furthest removed from the action of the cardiac impulse or the thoracic respirations; now the position of the pulmonary artery is little calculated to favor this tendency to clotting, but, on the other hand, the blood it contains is rich in carbonic acid and poor in oxygen, two conditions which favor thrombosis; moreover, in pulmonary tuberculosis the right side of the heart may become so feeble from muscular degeneration, and so much of the respiratory surface of the lung may be destroyed by the disease, as to afford conditions very favorable to pulmonary thrombosis.

Huchard, Charcot and others have noted cases of sudden death in advanced phthisis where a clot was formed in a branch of the pulmonary artery. The ordinary cause of sudden death in phthisis is progressive anæmia; the blood is unable longer to nourish the brain, and the brain, by failing to perform its function, diminishes the capability of the circulatory system, thus forming "a vicious morbid circle" from which there is no escape. In the rarer cases above mentioned where the symptoms of asphyxia are blended with those of syncope there is either pulmonary embolism or pulmonary thrombosis. [The case books of many practitioners will testify to the value of the observations of M. Huchard.]

Translations from the German.

PATHOLOGY AND THERAPEUTICS IN OPHTHALMOLOGY. [Taken from Prof. A. Nagel's *Jahresbericht ueber die Fortschritte und Leistungen im Gebiete der Ophthalmologie*, and from other sources.] By. S. POLLAK, M. D., Surgeon of the Eye and Ear Infirmary of the St. Louis Hospital.

DISEASES OF THE IRIS.

WECKER (Greefe und Sœmisch) discusses in the chapter on diseases of the Uvea-tractus, Iritis, and classifies it:

1st. *Simple plastic iritis*, affecting chiefly the posterior surface.

2d. *Serous iritis*, affecting the anterior surface.

3d. *Parenchymatous and suppurative iritis.*

(The rationale of this classification is based entirely upon its pathologico-anatomical character. But the etiology requires a further division, viz.:

4th. *Syphilitic*—gummy—iritis.

5th. *Rheumatic* iritis.

6th. *Gonorrhœic* iritis.—S. P.)

W. never saw iritis follow gonorrhœa directly without having been preceded by arthritis, especially of the knee. It is assumed that 65 per cent of iritis have a syphilitic origin.

The *treatment* is of necessity not the same in these various forms of iritis. Mydriatics are indispensable in all, with more or less frequency and strength.

In the plastic iritis are leeches, mercurials, warm fomentations and opiates indicated, and above all, *rest*, not only of the iris, but of the whole body. In high tension evacuation of the humor aqueus may become necessary. If adhesions have formed which resist mydriatics, iridectomy may have to be resorted to, but he rejects corelysis entirely.

In serous iritis mydriatics not more than two or three times a day, but the action of the skin and kidneys has to be increased by appropriate remedies—iod. potass (tonics); no vesicants. Here also, when anterior synechia is threatening, paracentesis may be practiced, and the escape of the humor aqueus kept up for several days.

But the most prompt and energetic treatment is required in parenchymatous and suppurative iritis, especially if of syphilitic origin. Mercurials are the most reliable remedies, chiefly in

form of inunctions, the hydrag biniodid; *hot* fomentations are always followed with good results: rarely is iridectomy admissible.

MOORHEAD (*British Med. Jour.*) mentions a case of *Iridodialysis* brought about by a violent contusion. About one-sixth of the periphery of the iris was detached on the temporal side. No hemorrhage in the anterior chamber.

The treatment consisted in immediate instillation of atropine and the application of a compressive bandage. In two hours the pupil was dilated to its maximum, and the dialysis almost invisible. This treatment was continued eight days, and union by first intention was complete. Evidently mydriatising brought the rent edges in apposition and effected the union.

HOCK (Wiener Klinik). *Iritis specifica* is not often seen by syphilologists, but very frequently by oculists. Thus in Siegmund's Clinic, 1 per cent; in Hebra's, 3 per cent; in Fournier's, 3 to 4 per cent of cases of syphilitic iritis among their numerous syphilitic patients.

Gummata of the iris are pathognomonic of syphilis, yet many cases of syphilitic iritis are without gummata.

Syphilitic iritis constitutes almost one-half of all the forms of iritis. Complications with turbidity of the vitreous are very frequent; they veil the fundus, and may be mistaken for retinitis, which itself is not of rare occurrence.

Therapy.—Mercurial inunctions are the most effective and reliable of remedies. The substitution of subcutaneous injection of calomel found few imitators.

Iridectomy may become necessary, but must not be attempted ere a remission of the inflammation has taken place.

NETTLESHIP (*Brit. Med. Jour.*) made clinical notes of the analysis of 70 cases of iritis, especially as to the relative frequency of syphilis and rheumatism as causes of the disease. In 30 cases (42 per cent) were decidedly secondary syphilis; in 23 cases (33 per cent) it was found in individuals who had suffered from rheumatism or arthritis themselves, or where near relatives had presented such a diathesis.

Among the 30 cases of syphilitic iritis there were 6 who had iritis 20 years before, in none of which had relapses occurred; 23 were seen in the acute stage—only in 4 were gummata; in 10 both eyes were affected within three or four weeks; in 10 others three months had elapsed ere iritis manifested itself in one eye; in 16 cases the time between the appearance of the primary sore and iritis was never less than two months, and never more than six months; once, also, while the patient was ptyalized.

The 23 rheumatic or arthritic cases were chiefly caused by chronic diseases of the joints; in 6, characteristic gout lay at the the bottom of it; in 1, gonorrhœic rheumatism; in 2 cases was

the rheumatico-arthritic iritis double, and there rheumatism had affected both sides of the body; 14 cases in men and 9 in women. Relapses could not be traced to posterior synechia.

DROUIN (Thèse de Paris) discusses very ably in a comprehensive monograph the anatomy, physiology and semeiology of the *iris* and *pupil*.

The *anatomical section* contains nothing new, except it be his pupillometer, which, however, does not differ much from that of Folin, Galezowsky and Landolt.

In the *physiological section* the following is especially noteworthy:

The iris has two kinds of motions—the *active* or *functional*, intended to regulate and improve vision, and the *passive* and *harmonious*, which are independent of the act of vision.

To the first category of motion belong the contraction of the pupil on exposure to light, which is controlled by nervous influence and affected by muscular action.

The second category of motion is brought about by the changes in the blood stasis, and may therefore be properly called the *vascular* motion of the pupil. It may be assumed, as a rule, when the vessels of the iris are full, dilated, the pupil is contracted; and the inverse, the pupil is dilated when the vessels are empty or contracted. Hence the pupil contracts in congestion of the brain, in paralysis of cervical sympathetic, or in consequence of irritation of the peripheral end of the trigeminus; these result in paralytic expansion of the vessels of the iris, and consequently contraction of the pupil.

But in irritation of the sympathetic, in ischæmia of the brain in epilepsy, in syncope, in violent emotions, the vessels are contracted and the pupil is necessarily dilated.

In the *semeiological* section, he describes masterly the appearance of the pupil, in various physiological and pathological conditions.

The change of size and mobility of the pupil under many influences of refraction, in diseases of the eye, in cerebral and spinal diseases, in pathological changes of the peripheral nerve-system, in neurotic and mental diseases, in disturbance of circulation and in intoxication.

LEBLANC (Essai sur la modification de la pupille produite par les agents thérapeutique,) discusses in a monograph, the changes in the pupil brought about by therapeutic means.

He groups the remedies according to their respective effect upon the iris, from the reproductive astringents, to the irritating, alterative and narcotics; the effect of emetics and anthelmintics is not overlooked.

He discriminates between remedies which act upon the pupil by their *direct* effect upon the iris through the peripheric nerves—as the solanŭ and calabar—and those which influence the pupil *in-*

directly or *secondarily*—such as the emetics, alteratives—the latter acts sometimes by removing the cause, which kept the iris in a pathological state, and sometimes by bringing about conditions relating physiologically with mydriasis and myosis.

In all conditions which cause *depression*, such as anæmia emesis, syncope, spasms and convulsions, mydriasis is found while "sthenic stimulants," sleep, cerebral hyperæmia will cause myosis.

There is lastly a third kind of effect produced mainly in either the nervous system in general or on the cerebro-spinal, or sympathetic in particular. The changes in the iris correspond then generally with the changes in the circulation.

The chapter upon the peculiar effect of certain medicines can only be briefly refered to.

Astringents given internally—Tannin, carbolic acid—cause myosis (except lead poisioning which causes dilatation). Mydriasis occurs in mercurial cachexia; myosis in iodine poisoning and from cantharides; emetics—as tart of ant. ipecac, apomorphin, also causes mydriasis, on account of the nausea; curare brings about myosis; chloroform and æther in complete narcotization causes myosis; in the preceding or exciting stage mydriasis; carbonic acid gives rise to myosis; chloral, like morphine, acts as a hypnotic, and causes myosis, but in large doses it causes mydriasis.

DE WECKER (Gazette des Hopituax 1879,) *and Med. Times and Gazette)*

The semeiological value of mydriasis and myosis.

The functional changes of the iris, dilatation and contraction may be of great consequence in the diagnosis of the diseases in which they are met with; and the exact analysis of their details is of importance in relation to the recognition of the causes that have produced them.

Mydriasis is a concomitant symptom of paralysis of the third pair of cranial nerves—motor ocular. In these cases however it is not complete, for a still greater dilatation may be produced by atropia or duboisia. Mydriasis therefore, is not solely under the influence of the third pair, complete dilatation of the pupil being the result of paralysis of the common motor ocular, and of stimulation of the fibres of the great sympathetic, which is the dilator of the pupil. Mydraisis may therefore be of a *paralytic* or of a *spasmodic* origin. Mydriasis which results from *paralysis* is symptomatic of a *cerebral* lesion; while *spasmodic* mydriasis appears in affections of *spinal* irritation. Besides these two distinct classes it often happens that an irritation primarily cerebral may exert its maximum influence on the sympathetic system. Traumatism may produce both excitation and paralysis; i. e., paralysis of the common motor ocular and excitation of the sympathetic. In children mydriasis is very often due to spinal excitation; to in-

testinal worms, to masturbation; it appears also in the initial stage of hysteria and epilepsy.

The treatment of mydriasis must evidently vary according to whether it is paralytic or spasmodic. All mydriasis of paralytic origin are generally accompanied by a paralytic lesion of the *ciliary muscle*, while spasmodic mydriasis leave this muscle of accomodation intact. It will therefore most generally suffice to investigate the *power of accommodation* in order to determine whether the probable cause of mydriasis be paralytic or spasmodic. If the patient presents no disturbance accommodation the cause of mydriasis is spinal; while if the accommodation is not preserved, the cause is cerebral. Disturbances of accommodation are easily recognized. Thus, the subject of hypermetropia, not being able to accommodate the eye regularly, is unable to see distinctly, whether near or at a distance; in emmetropia there is no clear perception of near objects; in myopia, reading is possible only at the punctum remotum. One or other of these conditions, will indicate a cerebral lesion as the cause of the mydriasis. All mydriatics complain of the dazzling produced by light, dependent solely on the dilatation of the pupil; but this must not be confounded with the disturbance of the accommodation.

Mydriasis of *spinal* origin is a symptom of great value in prognosis and often so in diagnosis of these affections. It may be an anticipatory symptom of locomotor ataxy, or of general paralysis, though in these affections it is only transitory. The sole admissible indication seems to be the dropping into the eye a solution of eserine or pilocarpin. We must then observe how long the thus induced contraction lasts, the interval of each instillation should be made longer than the preceding one, according to the duration of its effect. If no change is observed, this scarcely palliative remedy should be abandoned and the continuous electric current may be tried.

Myosis presents itself in two forms entirely analogous to those of mydriasis, a spasmodic form, by the excitation of the third pair; and a paralytic form, dependent on the sympathetic. The same effects on the accommodatory apparatus are also observed. The paralysis of the fibers of the sympathetic not influencing the ciliary muscle, while the spasmodic irritation of the common ocular motor nerve, gives rise to disturbance of accommodation. Spasmodic myosis is symptomatic of cerebral irritation, and the paralytic form depends on spinal affections. Paralytic myosis is especially of great value. A patient who as yet has presented no manifest sign of locomotor ataxy is the subject of very marked myosis. If this be due to ataxy, a remarkable fact is observable. He is still able to contract the pupil a little more than it is already. The iris, however, does not contract when the eye is submitted to an oblique light; but such contraction takes place when the patient while looking at a distant object, is desired to look at

near ones, that is, when he is caused to put his accommodatory power into activity.

Paralytic myosis may also arise from compression of the sympathetic by a gland, a goitre, or a tumor, and in this case it may be unilateral, ceasing when the compression disappears.

Not much is to be hoped for from treatment in myosis.

Translations from the French.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL. By Dr. A. H. OHMANN-DUMESNIL.]

MALIGNANT PUSTULE.—Dr. Dumolard, after a careful study of the subject, has come to the conclusion that the malignant pustule is of two varieties, having the same cause, but differing in their effects, in so far that the one is merely a local affection and the other a "systematic" infection. The differential diagnosis is simple enough—the constitutional variety occurs in subjects enfeebled by excesses, in the aged, and in young persons of a lymphatic or scrofulous habit of body. Furthermore, the pustule has no zone surrounding it, but the color of the tissues is dull, and there is œdema. The local pustule occurs in robust and sanguineous subjects, and is early characterized by a zone of a bright, rosy hue, which is sometimes violet and even cyanosed in appearance. This variety of pustule does not endanger the life of the patient.

The author concludes that in a robust constitution, reaction takes place at the site of the lesion, and an impassable barrier to the passage of the virus springs up; in other words, that nature here does what the surgeon accomplishes with the caustic in infectious forms of malignant pustule.—[*Lyon Medical*, July 13th, 1879.

GENU VALGUM—DISSECTION AFTER OPERATION.—A case in a child ætus three years and six months, was operated upon by forcible binding, followed by an immobilizing bandage. Death caused by diphtheria, one month after operating, afforded an opportunity of dissection. The *resumé* of the case is: Knee bent inwards, due to rachitic flexure of tibia immediately below the head. Lesions produced by operation; epiphysial separation at *outer* condyle only of femur; slight arthritis.

A former dissection of a similar case presented lesions of the same general character.—[Ibid, July 10th, 1879.

Hysterical Amblyopia.—The patient, a young lady at a boarding school, had always menstruated regularly, and never had any nervous attacks. One morning she awoke totally blind. On examination, cutaneous anæsthesia was found, but no lesion of the eye discoverable with the ophthalmoscope. It was pronounced hysterical, and treatment immediately practiced, metallotherapy being practiced at first, with slight improvement. Complete recovery was the result of a series of applications of statical electricity. The authors consider the case peculiar in the fact of both eyes being affected, and of a total blindness existing.—[*Progrés Médical*, July 12th, 1879.

Gastrotomy in Intestinal Occlusion.—This is looked upon with favor by the Society of Surgeons, Paris. It has been practiced while the patient had an acute attack of peritonitis, with a pretty rapid recovery. Other cases almost as alarming have attained equally good results. The diagnosis must be very conclusive and distinct, before this operation is resorted to. Should there be perforation of the intestine, a drainage tube may be inserted, although no hope of recovery can be entertained.—[Ibid, July 19, 1879.

Translation from the Spanish.

Gastro-Enterotomy in a Case of Intestinal Occlusion. [Translated for the Journal by Dr. A. H. Ohmann-Dumesnil.

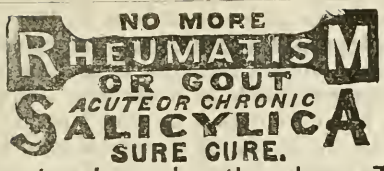
Dr. Miguel Nunez Rossie (*Cronica Medico-Quirurgica de la Habana*, June, 1879,) gives an account of a very interesting case which, after a preternatural anus had been formed, became normal. Ramon Valdēs, a mulatto, aged twenty-four, of low stature, and a tobacconist by trade, had always enjoyed a good general health. He passed the night of October 25, 1877, fishing on the sea-coast; here he was seized with a violent colic. His bowels could not be relieved, the pain continued and he began to vomit. Enemata were given; also nourishing articles by the mouth. These latter he vomited and remained in this state for three days. On October 29th Dr. Rossie saw him for the first time and the patient presented all the clinical signs of violent colic, the impossibility to defecate, strong pains in the belly causing him to assume various positions and incessant vomiting.

The diagnosis — intestinal occlusion — was soon arrived at, the large and uniform elevation of the abdomen, the general distribution of pain and other signs pointed to the locality as

being probably near the stomach. This was confirmed by the large quantity of liquid admitted as enema and exploration *per rectum*. No intestinal cicatrix, strangulating bands, peritoneal adhesion, compressing tumor or any similar cause could be admitted to exist.

Medical treatment was first resorted to: cold bath; small pieces of ice taken internally; ice on the belly; drastics, nux vomica; oily enemata; purges of soap; chloral, bi-carbonate of soda and tartaric acid; and, as a *dernier resort*, the hypodermic injection of morphine. This lasted till the 31st; the debility increased; face became changed and pinched; vomiting changed in character and finally ceased; animation ceased; dyspnœa, and the pulse becoming feeble. The case was becoming desperate. On November 1st gastro-enterotomy (of Nelaton) was resorted to; the incision on the right side, measuring 8 cm. and parallel to and about 1 cm. above the crest of the ilium. The large intestine was found distended with gas; a preternatural anus was made beyond the ileo-cæcal valve (according to the advice of Esnier, Velpeau, Dolbeau, Ad. Richard), a large quantity was emptied from the bowel and the abdomen immediately became depressed, the patient at the same time experiencing great relief.

After the operation .01 grms of morphine were administered; iced wine internally and cold external applications. He had no fever, and began immediately taking cold animal jelly and beef tea, and soon after broiled meat, etc. Cicatrization began immediately, and in thirty days was complete. Fifteen days after the operation the patient had a passage of semi-solid material which was not examined. Normal defecation was interrupted until the end of December, when by means of large and frequent enematas normal passages were obtained and became regular. The normal fæces being reëstablished on February 28, 1878, Malgaigne's operation for the cure of artificial anus was practiced. The patient, after the operation, was given opium in large doses. The wound closed by first small fistulous openings; but at the date of writing (April, 1879,) the patient had only one small opening, about 2 mm. in diameter, it being dry and passing none of the contents of the intestines. A truss is worn over the site of the operation and the patient is actually getting fat.



Manufactured only under the above Trade Mark

BY THE

European Salicylic Medicine Co.

OF

PARIS and LEIPZIG.

Immediate Relief Warranted.

Now exclusively used by all the celebrated Physicians of Europe and America, becoming a Staple, Harmless, and Reliable Remedy on both Continents. The Highest Medical Academy of Paris reports 95 cures out of 100 cases within three days. Secret.---The only dissolver of poisonous Uric Acid which exists in the Blood of Rheumatic and Gouty Patients.

One Dollar a Box; 6 Boxes for Five Dollars.

Sent to any address on receipt of price.

INDORSED BY PHYSICIANS.

SOLD BY ALL DRUGGISTS.

ADDRESS,

WASHBURNE & COMPANY,

Only Importers' Depot,

Knox Building, 212 Broadway, corner Fulton Street,

NEW YORK.

FOR SALE BY

RICHARDSON & CO., Druggists,

ST. LOUIS, MO.

Habitual Constipation.—Habitual Constipation is a very common, and often a very difficult condition to overcome. Almost every journal contains formula and suggestions from the experience of practitioners promising much, but as a rule resulting in dissapointment. We have for the last twelve months been using, with great satisfaction, minute doses of podophyllin, as contained in the *parvules* of Wm. R. Warner & Co., of Philadelphia. The parvules which we use contain only one-fortieth of a grain each, and we give only one pill regularly three times a day. The podophyllin in powder does not seem to be so efficient. Why this is so, we cannot tell; perhaps it is the trituration, or something in the method of preparation; or it may be the purity of the article used by this staunch and reliable House, whose fame in the preparation of sugar-coated pills is world-wide. The effect of these parvules, given as above, is simply to re-establish and regulate the peristaltic action, producing one easy, slightly softened and apparently natural dejection daily. It also imparts tone to the liver, invigorates the digestive function, relieves hemorrhoids if they exist, and improves the general health.

We have also used many other remedies in these parvules, and find them very convenient for grading the dose to any desired quantity; a saving of trouble in mixing and compounding, and what is very desirable, have found them in every instance to be pure, reliable and efficient in action. Their parvules of aloin are also excellent, as four of them can be taken with the same purgative effect as a like number of cathartic pills, and for administration to children, they are very convenient. Parvules of calomel, one-tenth grain, given in doses of two every two hours until five or six doses are taken, comprising one-half grain of calomel only, produce bilious evacuations and move the liver in a manner more satisfactory than ten grains of calomel as ordinarily given. As a class of remedies, we regard these parvules as very convenient and satisfactory. *W.—Editor Southern Medical Record, April* 20, 1879.

PARVULES.

Small Doses for frequent repetition.

At the solicitation of our numerous medical friends, we have prepared this new class of preparations, denominated PARVULES to distinguish them from *Pills and Granules*. They are designed for the administration of medicines in doses for children, and for frequent repetition in case of adults. It is claimed by some practitioners that small doses given at short intervals exert a more curative effect.

These are not intended to supplant the use of Warner & Co.'s Pills and Granules

Price, 40 cts. per 100 Bottle, or $6.00 per case with 20 varieties.

(WARNER & CO.)

Parv. Acidi Arseniosi	1-100 gr.	*Parv.* Ergotinæ	1-10 gr.
Parv. Acidi Salicylici	1-10 "	*Parv.* Ferri Redacti	1-10 "
Parv. Acidi Tannici	1-20 "	*Parv.* Gelsemini Rad:	1-50 "
Parv. Aconiti Rad:	1-20 "	*Parv.* Hyd. cum Creta	1-10 "
Parv. Aloin	1-10 "	*Parv.* Hydsastin	1-20 "
Parv. Aluminis	1-10 "	*Parv.* Iodoformi	1-10 "
Parv. Ammonii Chloridi	1-10 "	*Parv.* Ipecac	1-50 "
Parv. Antimon et Pot: Tart	1-100 "	*Parv.* Morphiæ Sluph:	1-50 "
Parv. Arnicæ Flor	1-5 "	*Parv.* Nucis Vomicæ	1-50 "
Parv. Arsenici Iodidi	1-100 "	*Parv.* Opii	1-40 "
Parv. Belladonnæ Fol:	1-20 "	*Parv.* Piperinæ	1-20 "
Parv. Calomel	1-20 "	*Parv.* Podophyllini	1-40 "
Parv. Camphoræ	1-20 "	*Parv.* Potassii Arsenitis	1-100 "
Parv. Cantharidis	1-50 "	*Parv.* Potassii Bromidi	1-5 "
Parv. Capsici	1-20 "	*Parv.* Potassii Nitratis	1-10 "
Parv. Digitalis Fol:	1-20 "	*Parv.* Quiniæ Sulphatis	1-10 "

Sent safely by mail to any address on receipt of price. Discount for quantities

WM. R. WARNER & CO.

1228 MARKET STREET. - - PHILADELPHIA.

Proceedings of Medical Societies.

An Address Delivered to the Mitchell District Medical Society. By Samuel Charlton, M. D., of Seymour, Ind.

Gentlemen of the Mitchell District Medical Society:

Another year, with its responsibilities, trials and cares has passed away since last we met. During the year, which doubtless seems very short to those of us who met at West Baden Springs, on our last anniversary, the medical world has been marching onward in her noble work; and it is but just to claim that the Science of Medicine has kept pace with the advanced movement of Art and Science in other departments. If this be true, let us inquire if we have done all we could to elevate the standard of our profession; and if not, let us put our shoulders to the wheel and let our medical brethren know that we are a living body, able and willing to contribute something in this noble cause. New light comes forth from every branch of medicine, and while no one of us may be able to keep fully up with the progress being made in all the departments, we should at least keep in sight of the advanced guards in some of the departments, so that when we come together at our regular meetings, we may come up bearing the fruits of our labors, fresh and new, and present them to the Society for the good of all. With this end in view, the promotion of scientific medicine, it matters not what the boasting empiric may say, or the cunning quack may devise to cover up their ignorance, or protect themselves in their nefarious practice; for the time is near at hand, when the people will draw the distinction between the worthy and the unworthy. Thus consecrated to our work as a Society, we could look forward to our meetings with increased interest, knowing that the harvest is near at hand, when the golden grain will be gathered, not by a few laborers, but by all of us working together for the common good, and the elevation of scientific medicine.

Thus organized and united as a band of brethren, belonging to the great brotherhood of our beloved profession, whose protecting arm will be thrown about us, we will go on from one degree of advancement to another in the scale of professional growth and influence, until we shall have arrived at the fullness of manhood. If there be a one amongst us who is satisfied with his present status, whose heart is not in sympathy with those whose watch-

word is onward and upward, who is incapable of beholding the beauties or enjoying the grandeur, as we ascend the hill of science and drink of her sparkling waters by the wayside, let him step out from our Society and no longer hinder our progress. I trust, however, there is no such one. The presence and the association with us of so many venerable members of the profession in this part of the State, is enough to inspire the younger members of the Society with renewed zeal, energy and self-denial. This being the sixth anniversary meeting of this Society, and believing that we are now on a permanent basis, it seems to me eminently proper that we take a retrospective view of our past history.

The Mitchell District Medical Society was organized Feb. 22d, 1874. Dr. Benj. Newland was elected first President; Dr. S. A. Radideu, of Bedford, second President; Dr. E. D. Laughlin, of Orleans, third President; Dr. Joseph A. Stilwell, of Brownstown, fourth President. Dr. J. A. Ritter, of Orangeville, fifth President; Dr. S. H. Charlton, of Seymour, sixth President.

Dr. G. W. Burton, of Mitchell, has served us most faithfully all these years as Secretary, and to his untiring efforts and zeal, the Society owes much of its growth and vitality. In fact, the conception of our organization is due to Drs. G. W. Burton and H. L. Kimberlin. This is now the twentieth meeting in about five years, and since our organization we have furnished to medical journals a large number of valuable papers, some of which have been sought after by distinguished members of our profession abroad.

This Society has furnished twenty-six members to the American Medical Society, which is probably the largest medical society in the world, and whose published transactions may be found in every country where the English language is read. This Society is composed of members from Lawrence, Monroe, Owen, Orange, Washington, Jackson and Jennings counties, and numbers one hundred and twenty-three members regular and honorary.

The Tri-State Medical Society of Indiana, Illinois and Kentucky, which ranks second only to the American Medical Society in this country, can trace its origin to the Mitchell District Medical Society.

Since our organization, we have lost seven of our members by death, to-wit: Drs. Creed T. Wilson, M. D. Crim, J. W. Pearson, F. Lee, Henry Lingle, A. W. Gray and T. P. Waters. Some of these brethren were pioneers in the practice of medicine in this part of Indiana, and others of them died in the pride of their manhood, and all of them were devoted to their profession.

I regret very much that I am unable to furnish the Society at this time, a more extended history of the lives and services of these departed brethren, but I can assure you that it will be

attended to in the early future. No more will they meet with us, but we will cherish their memories as faithful and honored members of our profession, and while we recount their many virtues, our hearts will go out in sorrow and sadness, and in profound sympathy for their bereaved families. In their deaths we are reminded that we are all rapidly passing away, and ere long our own "Footprints on the sands of time" will alone be seen. Such lessons of mortality should be lessons of instruction to all of us, animating us to good deeds and lofty purposes, and while we are living actors in the realities of life, we should redeem the time by earnest, devoted efforts to do good to all around us, so that our memories may be cherished as benefactors of our race, and our influence may impart inspiration to those who may soon occupy our places. Thus we should let our light shine as a blessing to our race, and honor the profession of our choice. If we are true and faithful to our calling, we will find an abundance of hard work, and sometimes but little rest; and at times when we are conscious of having done our duty faithfully, our services will not be appreciated. Yea, even condemned, and we may go about the streets discouraged and gloomy; but ere long the darkness and clouds will have passed away, and the rays of the noon-day sun will dispel the gloom. Some one who has been dangerously ill, over whose couch we have watched many anxious days and nights, when there seemed but little hope, has now so far recovered, as to understand how faithfully and skilfully we administered our remedies, and he reaches forth his trembling hand, and with quivering lips expresses his gratitude. So it is with us; we are stimulated to endure hardships, exposures and trials until our bodies are worn out.

I do not say it is our duty as physicians to forego all the pleasures of this life, and wear ourselves out prematurely, as is very often the case; but rather that we should be faithful to ourselves as well as our patients. In the course of human events it has become evident to the observing physician, that his most sacred duty is to prevent disease as far as possible; and it must be very gratifying to us all to observe this growing interest manifested by physicians all over our beloved country on the subject of sanitary science. Those of us who were students of medicine twenty-five or thirty years ago, were taught much about curing the disease, and but little on the subject of preventing it.

It is true that this higher duty of the physician had been recognized since the early history of medicine, as a science, but how few were animated by a sense of their obligations as the guardians of the public health, the masses being content with their efforts to cure disease, and receive the pay for their service.

It has been stated that prior to the discovery of vaccination by Dr. Jenner, about four hundred thousand persons were either destroyed or disfigured by small-pox annually, and that about two hundred years ago, ten thousand persons were lost annually to

the British Navy by scurvy alone, and now this disease is scarcely known, and the deadly ravages of small-pox are but little dreaded. Much also has been done to prevent the spread of epidemic disease throughout the world, and it is but just to say that wherever pestilential disease has counted her victims by thousands, and the piteous cry of suffering humanity has gone up for help, the cry has been heard by physicians in all ages; and although unable to stay the ravages of the pestilential monster at all times, they have rushed to the rescue of suffering humanity, and in many instances have sacrificed their own lives. Only last year, during the yellow fever epidemic in our own beloved country, we had a striking illustration of this truth.

Through the untiring efforts of physicians, Boards of Health have already been established in twenty of the States comprising the Union, and we are determined that no State Legislature, no matter what its politics may be, or whether its Governor wears blue jeans or broadcloth, shall have any rest until every State shall have its own Board of Health. No man should be elected to make our laws who is not enlightened on the subject of sanitary science. May the Lord have mercy on all our Legislatures that have refused to hear our petitions, and aid us in our noble efforts to save the lives and the health of the people; and while we are praying for them, let us look about for men of more intelligence to take their places. Dr. Bowditch, of Boston, the great leader in sanitary science in this country, says that it required a thirty-two years' war to conquer the Legislature of Massachusetts, but now they are reaping the fruits of the contest, and what we want to do in Indiana is to enlist for thirty years, or during the war. From the cradle to our graves, the civil law affords protection to our property and persons, and our characters, but in about one-half of the States the citizens are not protected as they should be against disease and premature death; and it is my opinion, based upon statistical reports of careful observers, that by a properly organized and effective sanitary system in the State of Indiana, the death losses might be reduced fifty per cent. in five years' time, saying nothing about the loss we sustain in our productive wealth. But in order to accomplish such a desirable end, we will want not only a Board of Health, but money to carry on the necessary work; and in order to accomplish much in so short a time, we must all enlist in this glorious work, and educate the people on the subject. For this purpose we should distribute reports and lectures on sanitary science, so as to reach every intelligent family in the State.

The inaugural address of Dr. J. Marion Sims, as President of the American Medical Association, delivered at Philadelphia, June 6th, 1876, contains the following statement, which covers the whole ground in a few words:

"State Medicine, as it is called, is comparatively a new science, and is now occupying a large share of public attention, both at

home and abroad. Medicine has done much for the relief of individual suffering and for the prolongation of life; but now giving aid to governments and municipalities, it is instituting organization for the prevention and suppression of disease, on a scale of efficiency and grandeur never before known."

State medicine does every thing necessary to protect the health of communities and States. It investigates the air we breathe, the water we drink, the food we eat, the clothes we wear, the fuel we burn, the houses we live in, the soil we cultivate, the habits and industries of life, the origin and nature of epidemics, the method of their transmission, and the means of their suppression whenever found. From these statements any one can understand the objects of State Medicine, and it matters not whether diseases originate from the air, the water, or from our food, or from other causes enumerated or not enumerated, or whether it comes in the sporadic, endemic or epidemic form, or whether it be infectious, contagious, specific or zymotic, for the whole subject, and everything that pertains to the health, happiness and prosperity of the people would receive due consideration. My brethren, let us not be discouraged because of our disappointments in the past, as so important an object is deserving of our best efforts, and when once attained we will have established a department that will reflect honor on those who have spent their time and their money for the public good. The medical profession of the State, with few exceptions, have not taken hold of this matter as they should have done, and what we want now is coöperation to insure success.

In conclusion, gentlemen, I wish to call your attention to some extracts from a report I presented to Dr. G. W. Burton, who is a member of the Health Commission of this State, which I believe are based upon facts: "In Jackson county we have about one hundred square miles of rich bottom lands that are subject to overflow in times of high water, and a considerable portion of this land is either covered with water or is too wet for cultivation, and a large portion of them might be drained and brought into cultivation and would then be very productive and valuable. They are now worthless, and very obnoxious to the health of our people. The probable cost of physicians and medicines, including patent nostrums, I have estimated at one hundred thousand dollars annually, being equal to the amount of taxes paid by this county for the support of the government. By systematic drainage, together with strict sanitary regulations, about fifty per cent. of all our sickness might be prevented, thereby saving fifty thousand dollars annually, saying nothing of the loss of time and losses from premature deaths."

[TO BE CONTINUED.]

MADISON COUNTY (ILL.) MEDICAL SOCIETY.

The first quarterly meeting of the Madison County Medical Society was held in Troy, Ill., in the Presbyterian Church, on Tuesday, July 29th, 1879. The President, Dr. J. L. R. Wadsworth, of Collinsville, called the Society to order at 11 A. M.

Members present—Drs. J. L. R. Wadsworth, P. S. Weidman, T. B. Spaulding, T. P. Yerkes, S. E. Bucknell, A. M. Powell, Geo. H. Dewey, H. M. Sabin, E. W. Feegenbaum, Chas. R. Oatman, H. L. Judd, J. M. Armstrong. Visiting—Dr. Thos. F. Rumbold, of St. Louis; Dr. John B. Knœbel, of Highland; Dr. Ebenezer Miller, of St. Jacobs; and medical students W. M. Bowler, F. S. Halsey, C. E. Hernsberger and W. H. Scott, Jr.

The essayist, Dr. T. B. Spaulding, presented his paper upon tobacco, which was referred to the Committee on Publication. The essayist stated that tobacco and alcohol might be properly presented as almost identical in action, and shown to be largely accessory to each other vices. It was classed as a narcotic poison, wholly innutritious, nauseous, noxious, and a depository of the deadliest poisons. The essayist very boldly asserted that one of the effects of its use was to produce cancer of the lips and tongue. It was also affirmed that it was the most prolific, if not the only source, of delirium tremens. It was stated that the ancients were unacquainted with these terrible terrors of the inebriate, and the records beyond the discovery of tobacco (1560) reveal no case of *mania a potu*. It was regarded by the essayist as one of the deadliest enemies to the human family, and a call was made to all scientists throughout the world to raise their voices against its popular use.

AFTERNOON SESSION.

The Society was called to order at 2 P. M., President Wadsworth in the chair. Minutes of the last meeting read and approved.

Dr. Thos. F. Rumbold then favored the Society with a few remarks upon the manner of reporting societies' proceedings, which the Secretary will endeavor to avail himself of.

The Board of Censors having reported favorably upon the applications of Drs. Humbert, Beernass and Knœbel, they were duly elected.

Dr. H. M. Sabin, of Edwardsville, Ill., then read an essay entitled "Unrequitted Toil," which was referred to the Committee on Publication.

Drs. Lemen, of Upper Alton, and Pearce, of Alhambra, being unavoidably, and Dr. Pigue, of Edwardsville, also absent, the first three subjects on the programme were passed over.

Dr. S. E. Bucknell, of Greencastle, read a paper on puerperal convulsions, which was referred to Committee on Publication.

A motion prevailed that a committee be appointed to draft resolutions in reference to the deaths of Dr. C. A. Glass, of Upper Alton, and Dr. John S. Dewey, of Troy, members of this Society. Drs. Armstrong, Feegenbaum, Spaulding and Yerkes, committee.

Subject for discussion—"Summer Complaints in Children."

Dr. Powell, of Collinsville, opened the debate by saying that summer complaint is essentially, indigestion. The remedies for indigestion are the proper remedies for summer complaint. Hot weather and improper food are the chief elements in the causation of the disease. Teething does not produce it, but may aggravate it in the sense that any irritant will lower vitality; but while this is a fact, it is also a fact that teething, being a natural physiological process, rarely even aggravates the disease. It therefore follows that the common practice of scarifying the gums, under the impression that this will relieve the disease, is a mistake as a rule, and ought to be abandoned; while in rare cases it is a justifiable procedure not to cure summer complaint, but to relieve tension or turgescence of the blood vessels, and this relieves reflex irritation of nervous centers. The indications for treatment are, to lower the temperature of the patient's surroundings; the absolute withdrawal of all food for a time; the administration of antacids, such as lime water, to which may be added small quantities of spiced syrup of rhubarb, and, if necessary, to control pain, small doses of paregoric, bicarbonate of soda, etc.; to aid digestion, pepsin and bismuth, to which may be added minute doses of calomel and ipecac; proper diet in proper quantities—the milk of the healthy mother, or nurse who carefully conducts herself as to diet, habits and *temper*. In the absence of this, the Swiss condensed goat's milk, properly diluted, and always mixed with pure water. Gastritis, colitis and brain troubles, being results and not essential parts of the disease, must be met by appropriate treatment to each.

Dr. Armstrong, of Edwardsville, said that he had given summer complaint in children considerable attention during the past few years, and had come to the conclusion some time ago that the disease under discussion was due almost, if not entirely, to excessive heat. Indigestion was the result of heat, summer complaint the result of indigestion. An elevated temperature and quickened circulation were invariable attendants upon a looseness of the bowels in children. Tinct. of aconite root in diminished doses, often repeated, was given universally and continuously to all patients; bismuth, pepsin, lactopeptine and ingluvin were regarded as the chief reliances; mercury, opium, ipecac and

carbolic acid, in small doses, often repeated, and in a pleasant and palatable form, as the circumstances of each individual case might require. Every case has features entirely its own, and as a matter of course required its own peculiar treatment. On the subject of food, he had relied upon that at command, and endeavored to make the child digest it. In the absence of food, had used Ridge's food with excellent results. He endeavored to make the mothers nurse their own children. If the excuse was given that they did not have sufficient, he directed his attention to the mother's breasts, and directed a poultice applied to them made of buckwheat flour and buttermilk, which always produced a sufficient supply. He did not wish to be asked how such a procedure produced milk in the breasts, but stated it as a fact that could be verified at any time.

Dr. Weidman, of Marine, said that the cases that came under his care were usually between the ages of four and twelve months. The remedies he used were tinct. of aconite, ingluvin, subnit. of bismuth, ipecac and tinct. of nux vomica, as they were indicated. He also used a weak solution of bicarbonate of soda as a drink. In some cases, quinine inunction.

Dr. Spaulding, of Troy, regarded summer complaint essentially an indigestion, induced by any morbific or irritating influence that may operate upon an already enfeebled constitution. Whatever the efficient cause, it eventuates in deranging the chemico-vital changes involved in that sensitive train of transitions ever operative in life's laboratory under the name of digestion. Summer complaint in children, is purely a perversion and derangement of its digestion. The causative influences effecting the phenomena are *predisposing* and *exciting*. Of the former may be mentioned ill ventilation, bad air, miasmata, damp location, excessive heat and insufficient food; these directly debilitate and enfeeble the functions of life. Then coöperating with, or following these adverse influences, are *exciting causes*, among which may be mentioned sudden exposure to cold, irritating food, the rind of stale or unripe fruit, and by no means least of exciting causes may be mentioned dentition, during which process the congestion of gums is often great, and the sensibilities of the nervous system rendered most acute, and this irritation, superadded to an already enfeebled system, deranges the whole digestive process. Originating and eventuating in this, we have summer complaints identical in essence, differing only in degree, requiring different treatment, it is true, precisely as do the separate successive stages of pneumonia or other diseases. Perceiving "what's the matter," what shall the doctor do? Why, put the little house in order, restore the digestion, remove all adverse influences, soothe the irritable alimentary mucous membrane, prescribe proper food, and bathe the little patient in pure air and sufficient sunshine, and lance the gums only when necessary—then freely lance them.

Dr. T. P. Yerkes said, that if the process of dentition is the cause of cholera infantum, the Almighty made a great mistake in permitting the evolution of the teeth to take place during the period of infancy. He most positively dissented from the opinion that teething was the cause of summer complaint, but that under certain conditions it may aggravate the disease, he was willing to admit. He unhesitatingly announced his conviction that heat and atmospheric poisons produce it in children who have delicately organized nervous systems and abnormal sensitive gastro-intestinal mucous membranes. The pathology of the disease he believed to be as follows: The delicate and sensitive ganglionic nervous system is rendered acutely sensitive and irritable by prolonged high solar heat, which in time gives rise to derangements of digestion, and this to hyperæmia of the gastro-intestinal mucous membranes to congestion, and if not controlled, to inflammation and death from inanition. The treatment must, of course, be graded according to a variety of conditions. When the attack is ushered in suddenly, usually at night, and consists of vomiting with large serous discharges, he prohibits the use of all food except iced water or iced egg water, which is allowed in teaspoonful doses, *ad libitum*. Calomel in small doses, from the twentieth to the 10th of a grain, placed dry on the tongue and washed down with a spoonful of iced egg water. By this means the vomiting is often allayed in a few hours. In some desperate cases where everything else has failed, he has seen the symptoms yield readily by placing the child in a cool pack, at the same time applying ice to the head. When there is putrefaction taking place in the contents of the stomach, he administers carbolized lime water, which corrects and prevents the putrefying changes. For the intestinal flux he discards entirely the use of all astringents, believing them to be pernicious in the extreme. Believing as he does, that the pathology is as before stated, a rational treatment consisted in allaying irritability of the ganglionic nerve centers, and by the use of such remedies as promote digestion and allay irritation of the gastro-intestinal surfaces. For this purpose he has found nothing to act better than either the sub carbonate or sub nitrate of bismuth in large doses combined with pepsin, and if indicated with an anodyne and aromatics.

Dr. Oatman, of Collinsville, believed summer complaint an cholera infantum to be two separate and distinct stages of th same disease, and should be treated differently. The excitin causes he believed to be malaria, teething, indigestion and hea in the order named. To meet these different causes he used ca' omel, Dover's, bismuth, pepsin, lactopeptine, creasote and variou antacids and astringents. In the second stage of the disease he used a combination of acacia, aq. menth, syr. zinziber, spts. terebin, tinct. opii camph., always scarifying the gums when

badly distended, and using diet that is easily digested and assimilated.

Dr. Wadsworth said that sixty per cent of all the children that die the first year of their existence, find the cause in some form of bowel affections, while only twenty per cent are found for the *second summer tradition*. How many of the fatalities can be placed to legitimate causes and how many to environment of ignorance, we leave you to bring out from the past of your experiences. There are no more unpleasant fields to look upon in all the associations of the physician, than the mismanagement of these little ones. If the mass of the people could be brought to a sudden knowledge of these abuses, what a wave of emotion would sweep over this country. The plague, cholera and yellow fever would stand aside to make room for the leaded captions of warning not to destroy our little innocents. Viewed from this standpoint, the first thing to lay hold on in these cases is the sanitary conditions. You have clearly set forth the pathological conditions in these cases, and have indicated the causes, among which heat and force very properly stand first; then let us address ourselves to these matters; if heat be the cause, remove it; take the little patient out of the *hot feather pillows* and lay it on stretched canvas (a cot for instance), where the currents of air can carry off the heat from the under surface of the patient as well as the upper. Do not allow it to be baked on the under side while the nurse is fanning the upper side. If the weather is extreme, like two weeks ago, suspend a couple of tin buckets with pieces of ice in them, near the ceiling, or if the ice is not at hand, suspend on a line stretched across the room, a couple of sheets wet with water, and allow them to evaporate, and in so doing produce cold, or if the weather be as it is today (July 29), marked with hot midday and cool nights, a variance of 20° or 30°, see that the patient does not get too cool by throwing off the covering during sleep. This is an active cause of trouble. See that night clothing is provided with drawers, body and sleeves all attached, and sufficiently warm not to require covering; then there will be no risk in this direction. Again, look to the room management; have no visitors, do not spare the visitor nor allow the patient to suffer from annoying questions; clear the room and have every one still and quiet. If we set the example it will be more likely followed. Of all the attention paid to these little ones, the worst is this knee trotting. If we were suffering from colic, how naturally we would seek a still, quiet place, lie down, and with our limbs flexed on the body try to rest. Compare this with the management given by nurses generally. Here is a broad field that we cannot take the time to review; to discover the cause and remove it is in many cases all the treatment necessary. Over feeding is a great evil; with very many, let whatever be the trouble, they nurse the child; if it be distressed with hunger or its little stomach suffering disten-

sion with lacteal fluid, the remedy is all the same; in fact, be it wind or water, joy or spunk, give it the breast. In the quality of the food given, there is often found an excess of fat, sugar or casein. The former takes precedence when artificial food is used, such as cow's milk, cream, condensed milk, etc.; they are first to be sufficiently diluted, and the liability to the production of fatty acids results. Starch foods (which produce sugar in excess) are common. Find the cause and remove it. Be explicit in your directions; we must remember that the moment we begin to question the quality of the food, that moment we touch a sensitive point with the nurse and more particularly if she happens to be nursing the child from the breast. One instance to the point. Quite recently I was called to a child suffering with vomiting and purging. The mother was a picture of health and had been more than usually careful of her diet and exercise. My treatment failed to control the morbid condition. The second day I asked the mother for a sample of her breast milk. A few hours indicated an excess of fat. I at once directed it to be drawn from the breast and one-half quantity of barley water to be added and then fed to the child. The child improved at once. Three days later I was called again; symptoms aggravated; prescribed same treatment to no avail; a little later the case seemed hopeless. We finally sat down and went over the management again; all appeared satisfactory until I asked just how much milk and how much barley water she had used the last twelve hours. Here she burst out crying and confessed that she "had not given any barley water this last sickness as she thought her milk was good enough for anybody." The mother was educated then and there and our patient soon convalesced again. With me there is more force in the surroundings of the little patient than any plan of treatment; without these surroundings are corrected, no treatment will prevent at least a chronic inflammation. After they are corrected the remedies suggested are all good and have their place.

[TO BE CONTINUED.]

THE BRITISH MEDICAL ASSOCIATION.

The forty-seventh meeting of the British Medical Association commenced Aug. 5th, at 3 o'clock P. M., in the examination hall at the Queen's College, Cork, Ireland, and was attended by a large number of the profession from almost every part of Ireland, England and Scotland, as well as by several of the most distinguished medical men from European countries and from this country.

The General Secretary of the Association read the minutes of the last annual extraordinary general meeting, held at Bath, and when they had been confirmed, the President, Dr. R. A. W. Falconer (who was very warmly received), then addressed the meeting as follows:—Gentlemen, the period of my presidency is rapidly drawing to a close, and I must soon give up this chair to the President elect, Dr. O'Connor, of Cork. Perhaps, however, you will allow me a few moments before I quit the chair while I lightly touch on some of the more salient occurrences which have taken place in our Association during the past year. It is probable that you will hear some of them in the annual report, but still at the same time I think them worthy of some passing notice from the retiring President. During the time of our first visit to this country it will be remembered that we were under the presidency of the late Dr. William Stokes, whose intelligence, learning and geniality of disposition rendered that meeting one of remarkable success, and is held in affectionate remembrance by those who were present on the occasion. When at Oxford he gave up the chair, his successor, the Regius Professor of Physic, referred with commendable pride to the number of the Association. He said it was a matter of great pride to him that he had been called on to preside over such a number of members as then composed the Association, then amounting to 3,000; but between that visit and our second visit to this country the number of members has more than doubled. We have now the number of 7,800, and we must bear in mind that since that time four branches of the Association have been established, and that the numbers of those branches have formed a considerable addition to our total number. There is every hope, I believe, on the present occasion that this meeting will exceed the one at Dublin, and I am perfectly sure from all we have heard around us, that it will not be a less pleasant or a less successful one. Amongst other things which have occurred during the past year which I think deserving of notice, has been the appearance (in addition to the reports usually read at former meetings of the Association) of one under the auspices of Dr. Taylor on pleuropneumonia, and we have also the promise of an exhaustive

report on the very interesting subject of hydrophobia, which, I believe, will be brought forward at this meeting by Mr. Calendar. Besides this we have had the assistance of Dr. Cameron, who brought forward the question of habitual drunkards, which has now passed into law; and I think it ought not to be forgotten that in the work that has been done by our committee on that subject, our present President of the Council, Dr. A. Carpenter, has been the leading hand. Then we come to another very important question—that of Patients' Hospitals Reform, and there will be an extremely interesting report before you on that subject brought forward by Mr. Timothy Holmes, the mention of whose name is a sufficient guarantee of the importance of such a report. Nor must I leave out that important subject of medical reform. Although it is a changed position in which we are called upon to discuss that question at present, we must not forget that there is a leading spirit on that committee who has sacrificed time, and I may almost say health (though I hope he has not suffered himself in the slightest degree), in promoting the interests of this Association, as well as holding up our great profession, and in the establishment of the principles for which this Association from its earliest day has always contended. I have great pleasure in mentioning the name of that gentleman — Dr. Waters, of Chester. There is another matter which comes home to the natives of this country. By reason of a resolution of the committee of the council, it has awarded its gold medal to Surgeon-Major Reynolds. I need not now go into the question of Isandula—you all have that at your finger ends—but it is a matter of very great pleasure to know that we are able to say here to-day, that he has had that medal awarded to him because he is one of those whose names should be added to the list of heroes who claim as their native soil, what Moore calls "The emerald gem of the Western world." I have simply to commend to your attention my successor. You know him well here in Cork; many of our English associates do not know him so well; but he now claims the noble position in which he is placed, by his known integrity, probity, and general maintenance of the honor of the profession. Besides that, he was the senior medical professor of the Queen's College, and I believe there is no one held in higher esteem than he is among his professional brethren. I am certain from what I know of him that he will discharge the business duties of President of the Association with intelligence, with the greatest care, and with the greatest possible attention to its interests, and that there will be nothing he will have to regret when the year of his office is over. Gentlemen, I have sincerely to thank you for the kindness I have received during my year of office, and I trust the prosperity which has hitherto attended the Association will continue.

Dr. Falconer then vacated the chair, and Dr. O'Connor took it as President of the Association for the ensuing year.

The President, Dr. D. C. O'Connor, of Cork, who was received with great applause, then delivered the following address: He said: My professional brethren, members of the British Medical Association, I wish I could in suitable terms convey to you my deep sense of gratitude for the honor you have conferred on me by electing me to be your President. The gratification which I should feel on receiving this honor is, however, associated with a consciousness of my demerits, contrasting myself with the distinguished men who have filled this chair up to its latest occupant, Dr. Falconer, whose urbanity, courtesy, and high professional rank largely contributed to the success of last year's meeting at Bath; but above all, when I remember that the last and only meeting in this country was presided over by Dr. Stokes, whose name is fresh in the memory of every Irish physician, whose talents shed a lustre on his profession and country, and whose virtues—simplicity, truth and honor—made him the idol of all those who had the happiness of his acquaintance. As I cannot deceive myself with the belief that I owe this elevation to superior learning, or professional eminence, you, perhaps, give me credit for qualities of a less elevated character, which would enable me to represent worthily the dignity and decorum which will be sure to characterize your proceedings. The key-stone of an arch is an important part of the structure, solely because by its position it establishes an equilibrium between opposing forces. The chairman of a meeting exhibits a similar passive resistance in moderating the expression of contradictory opinions and preserving the calm necessary for the discussion of great subjects. Of one thing I am certain, that whatever defects or errors may be seen in the execution of my official duties, they will meet with a favorable construction—more especially from the most distinguished members of my profession. The most charitable critics are those who themselves are beyond the reach of criticism. Some of my predecessors in this chair on occasions like the present, thought well of pointing out circumstances of interest associated with the locality of the meeting. In a few brief words I will follow their example. Though you have not come here for æsthetic enjoyment, still, the surroundings of Cork, which Spencer called the "beautiful citie," must attract your pleasurable notice on every side. This, added to the mildness of the climate, makes the vicinity of Cork an agreeable as well as valuable winter health resort. In this character it is associated with Queenstown and Glengarriff, which has recently acquired a high repute. The sanitary condition of the city is exemplified by the low death-rate, and the gradual disappearance of typhus, which in the last century appeared every seven years; in the early part of this century, every ten years; and now, since the famine fever, we have had but one outbreak of any severity, and that nearly fifteen years since. We owe this to the admirable supply of pure

water, and to an extensive system of sewerage, provided by the corporation. I am far from saying that there is not still much to be done by the sanitary authorities. Pure air and pure water are not useful solely in preventing epidemics; they are also necessary for the preservation of a general healthy condition of the system. It might not be without interest to mention that a few paces from where this meeting is being held, stood Gill Abbey, one of those collegiate monasteries so famous in this country in the eighth and ninth centuries, to which, according to Camden and Venerable Bede, "the gentry of England flocked as to a mart of learning," and "which sent forth swarms of holy men all over Europe, spreading learning and religion." We see some resemblance to that happy period in this meeting, when Englishmen come here to repay, with great interest, any literary indebtedness their ancestors might have incurred. I do not refer to this oasis in Irish history, as families in reduced circumstances display the portraits of distinguished progenitors, but rather to stimulate the present generation to imitation of their great ancestors, and like them to seek distinction for themselves and their country, in the practice of virtue and the cultivation of learning. Though entering late in the race of civilization, if we take this city as affording an example of the general result, we will be found to have made rapid advances in a short time. Many years of this century had passed before any arrangements were made for the education of the poor, especially of the male sex. Now over nine thousand children are receiving gratuitous education—in some instances of the highest order. It may be paradoxical, but it is true, that in these instances it is better than could be obtained for any amount of payment. It is creditable to this city, that it freely taxes itself for the support of a School of Design, and that it is the only city, as I understand, that pays a tax for the support of a Musical Academy. It has contributed a few distinguished names to the role of British artists; in James Barry, Maclise and Hogan; and to literature in Magin, Father Prout (Mahoney) and Justin McCarthy; in both a large number whose reputation was not so widely known. In sympathy with the poor—the highest function of civilization—it will be found that ample progress has been made in this city. Within a very few years, ten different asylums have been established—for orphans, for the aged, or those who have strayed outside the confines of morality in early life. Five new hospitals have been opened, in addition to those already in existence. This has emanated not from humanitarianism or utilitarianism, but from the spontaneous outpouring of Christian charity. I make no distinction between different religious denominations. Happily the barriers which separated these have been removed, and seeing each other from a nearer point of view, men have found good citizenship and brotherly love where they expected to meet aversion or hostility. The same good feeling has been manifested

of late in the courtesy shown towards each other by the different sections of the Corporation—and may we not believe that it is owing to such teaching and example from the affluent, that serious crime is almost unknown in this city, and that for more than half a century no High Sheriff was under the necessity of carrying out the extreme penalty of the law within this borough. Having, I fear, at too great a length referred to the physical aspect of the city which you have honored with this visit, and to the social and moral condition of its inhabitants, as they appear to me, I must proceed to make some observations on the composition and objects of this Association, which must appear trite to all but the most junior members or such of the public as take an interest in our proceedings. When several thousand men, many of them the most distinguished and honored in their profession for genius and learning, are banded together for one common object, we will readily assume that object to be large, comprehensive and benevolent; and what purpose of greater magnitude can occupy the human mind or stir the human heart than the effort to lighten the burden of sickness and misery, and to defer the inevitable death in which we all have a common inheritance. In forwarding this work we follow our instincts as men, obey our duty as physicians, and receive a Divine sanction as Christians. It can then be well understood how so many, leaving their homes, crossing the seas or ocean, have come here to unite in this common brotherhood of benevolence.

I only hope the success of this meeting by increasing our knowledge, and diffusing throughout the entire medical community sound principles to guide our practice, may be the reward of their sacrifices. A hasty survey of the composition of this Association the brilliant genius of many of its members, and their continuous labors from year to year, would lead to a feeling of disappointment, that greater results have not followed, which would place medical doctrines on a firm lasting basis, rendering them free from doubt or controversy. This mode of thinking arises from comparing medicine with the physical sciences, in which all phenomena may be traced to a few general principles. Such complete generalization is not to be expected in the science of vital phenomena, with much multitudinous details, varying under the influence of an equal number of circumstances. Still to this end have been directed all our labors, hitherto attended by an ever-increasing approximation. We are not to reject what is useful because of the garb in which it is presented to us.

Even in physical science, isolated facts were availed of for the benefit of mankind when the theories which explained them were still erroneous. Sailors could navigate their ships before the time of Copernicus, and the movements of the heavenly bodies were understood before Newton explained the cause, while the manner in which this cause acts is still a mystery, and

the greatest mathematicians lament the shortcomings of their most accurate science.

All knowledge appears to be but a fragment of truth beyond our reach. It is so with medicine. We can learn from sacred Scripture, as well as from Homer, the estimation in which our profession was held from the earliest dawn of civilization. If we had no other guide but the works of Hippocrates our art would still be a great boon to mankind. The discoveries of Harvey, Jenner, Hunter, and Lænnec have each after the other added to our stock of knowledge, but did not efface what had previously existed. We are here to follow in their footsteps with light they have shed on our path, and with aids to the investigation of physiological and pathological phenomena which they did not possess. A new point of departure has taken place in the application of the microscope to ascertain the minute structure of organs, and the changes made in them by disease, which has already produced splendid results. It need not, however, be feared that you will not have a sufficient scope for your labors, when the organization and transmission of nervous power is still undiscovered. The limited nature of our powers of observation and the vastness of the fields for discovery will for ever furnish fresh objects to stimulate the human mind and preserve it from stagnation, which is equally destructive of mental and physical energy. If thus mental activity finds stimulus to its energies in the cultivation of other sciences, how much more should it be in medicine, which may be called the science of sciences, not alone from the importance of its aims, but because every branch of natural knowledge is made auxiliary to its development, whilst the boundaries between physics and physiology are every day disappearing, till the latter has become almost a branch of the former—its laws arranged with supreme wisdom for the production of vital phenomena. When the subjects to be investigated are so many and so diversified, we can see the necessity of an assemblage such as the present of men with minds equally diversified in character, each fitted to develope some particular branch of knowledge, and all uniting like converging rays of light, to illuminate the path of the practical physician. In this the economy of a division of labor is perceptible in nature's design as in the ordinary affairs of life.

Some there are who are destined by their nature to increase the stock of human knowledge. Uninflunced by self-interest, or personal ambition, seeking no other reward but the gratification of an instinct, fed by a hope of ultimate success, not disheartened by failures or adverse criticism, they labor onward till through the darkness a light is seen breaking which reveals to their receptive minds as an established truth, that which was before an unsettled theory or a happy conjecture, and clearing away difficulties which for ages disturbed the minds of medical inquiries. In all the great centers of thought, though divided

by space, still united for a common object, such men have by their joint labors, within the last half century, raised a solid superstructure of physiological and pathological knowledge which has all the characteristics of a true science.

The briefest reference to the subjects which have been undergoing investigation by members of this Association since its last meeting (embracing the most important and abstruse problems in medicine) would show that they are imbued with the same disinterested zeal and filled with the same lofty ambition as those to whom I have referred. They do not, however, constitute a large section of this Association, and would not of any similar assembly.

Non omnia possumus omnes—we cannot all do all things, but every one can do something towards the common object. For the practical man—the every day working physician—there is presented the important duty of collecting facts from which the man of genius will derive general principles, and thus assist in bridging over the large space which divides physiology and pathology from practical medicine.

To make a good syllogism with physiology and pathology, as major and minor premises, and the treatment of disease as the conclusion, remains still the difficulty to remove which all our energies are directed. Theories founded on imperfect generalization cannot be adopted in medicine with as little injury as in other sciences. It is of no consequence to the student of optics whether the modulatory theory of light be true or false, or to the astronomer whether the Copernican sytem is capable of mathematical demonstration, but it is of great moment to the physician as to whether alcohol is a food or merely a stimulant, whether it is entirely or in part, or not at all, consumed in the body, and still contradictory statements of this kind have been propounded for the last twenty years, in succession, each professedly founded on experiments. In this instance, as in many others, error passes by a species of exosmose to the general public who adopt the views more agreeable to the senses, believing alcohol to be indispensable for the cure of all diseases, and for sustaining bodily health and mental energy. Happily, the timely declaration of 260 of the most eminent London physicians—which might be printed in letters of gold—placed the question on its true basis, stating that "while unable to abandon the use of alcohol in *some* diseases, no medical practitioner should prescribe it without a sense of grave responsibility, and with as much care as any powerful drug." This and several other instances, show that although practical men should bow to the declarations of science, they should hesitate before accepting unfinished generalizations, which a fresh experiment or a newly ascertained fact might destroy. Even deductions derived from experiments on animals, to test effects of medicines on the living organisms, though of great value must be received with a certain

amount of caution—justified by the fact that certain deadly poisons for man, are nutritive food to some animals; that zymotic diseases are not intercommunicable between men and animals, or rarely so; and that even age and idiosyncracies modify the effects of medicines, so as to make it uncertain as to what may be the effects of a given medicine in one case, by seeing its effects in another.

Add to this the unnatural condition in which the animal experimented on is placed. How modestly and at the same time philosophically, does Doctor Rutherford express himself on this subject. After "fourteen hundred hours of hard labor," spent in his investigation, he says, "the experiment on the healthy liver of the dog, on the normal and abnormal human liver, are three sets of experiments closely related, but still distinct. The facts derived from any one of the three cannot be substituted for either of the other two. Each set of facts has its own proper place, and must be kept there." And then he advises the clinical observer to test in his practice the deductions derived from experiments on animals.

We can thus see that in deliberations which will take place in the sectional meetings, there is a place for the purely practical as well as the scientific man. Their views test and are tested by each other. Rationalism enlightens empiricism, and enlightened empiricism is a check—a drag chain on hasty theorizing—from which medicine suffered so much injury through its whole history. Much as science has accomplished in establishing the physiological action of many medicines previously used empirically, the practical physician must still, in most cases, be guided by the results of the combined experience of wise men, free from egotism, vanity, self-interest, or other passions which cloud the judgment and prejudice its conclusions—while always hoping for and striving after a full knowledge of the relation between the medicine and its physiological effects. There are many diseases entirely under the control of medicines, others only partially and indirectly, and a third class, zymotic diseases, in which we can only apply our treatment to the cure of symptoms, and regulation of functions, leaving to nature the task of bringing the disease to a favorable issue. I believe that all attempts to cut short these diseases are fruitless or injurious. In the early part of this century a different opinion prevailed, and attempts were made to arrest fever by strong purgatives and bleeding. This violent treatment was soon discontinued, but I cannot help thinking that there are again signs of a return to the old heroic treatment, when in a work of the highest repute I find it recommended to begin treatment of typhoid fever with four doses of calomel, of eight grains each, six cold baths in twenty-fours hours, 27 to 45 grains of quinine, to be given frequently in the course of the disease, and twenty-two grains of digitalis as an ordinary dose. We walk in darkness with a slow and cautious step, but

here, where we are utterly ignorant of the processes by which the poison is eliminated from the system, we are recommended to give medicines which would test the constitution of one in perfect health. This treatment, though recommended by deservedly high authority, has not as yet found favor in this country, where confidence in the curative powers of nature in this class of disease still prevails. When we see the care with which each bodily organ is protected, and the wisdom with which their functions are regulated for the preservation of life, we cannot believe that Creative power which arranged these things so wisely, would send the finished work adrift to combat with destructive forces, without pre-arrangement for reparation in case of injury, internal as well as external, in fever as well as in fractured limbs, or union by the first intention.

The physiology of health is not more wonderful than what may be called the physiology of disease, by which disturbed functions are restored to their normal condition. It is not a humiliating office for the physician to study the means by which nature accomplishes her ends, and as far as his knowledge permits, to imitate her. I know the assertion of a *vis medicatrix naturæ*, is now nearly obsolete, and equally so the seeking of primary causes for vital phenomena. These old-fashioned ideas have been extinguished by modern philosophy, which asserts that all organization and its operations are the result of blind chance, without a mind to fashion or to guide them. The physician, with his opportunities for observation, must be blind indeed, who does not see beyond this darkness a clear light, showing him that all nature has been conceived and formed in beauty and order, the result of a divine purpose, directed by divine benevolence.

Whatever differences there may be in the expression of our views about treatment, or whatever disputes about theories, when we meet disease in a concrete form, in a fellow-man appealing to us for help, minor distinctions disappear, and we find we have been differing in words, not in substance, and as happens in cities from frequent consultations, there is a leveling of extreme views and an unwritten practice of medicine becomes established. The chaff is scattered to the winds, and solid truth remains. *Opinionum commenta delet dies ; naturæ judicia confirmat.* Whatever drawback the physician might feel in the pride and satisfaction which ought to attend the practice of his profession, there is none from the study of hygiene and the enforcement of its principles on governments, corporations and the general public. Here he is the more than disinterested servant of humanity, elevated far above the ordinary pursuits of professional life. Much has been accomplished by legislation in this great object since Jenner reversed the sentence of death or deformity pronounced against millions of the human race, removing the dark shadow that hung over every cradle. Still this great science is only in its

infancy, and must ultimately sweep from the nosology most preventible diseases. A most important branch of this subject, *personal hygiene*, is not influenced by legislation, each individual having the power of obeying or violating its laws, at his discretion, guided on the one hand by his intellectual and moral faculties, and on the other yielding to the cravings of his animal nature; the one tending to elevate, the other to depress and degrade, by subjecting the will to sensual gratifications and emotional instincts. The physician in his private consultations is the lawgiver in these cases, and never does his profession afford him greater power of doing good, by enabling him to give advice to each patient as to the food suitable to his age, occupation and circumstances in life, as to the danger of luxurious living, and the deceitfulness of the senses, ever craving what is pleasing instead of what is useful. Above all, by counselling extreme moderation in the use of stimulants, if they should be required at all, and when we find how weak man's nature is to resist animal enjoyments, particularly the weakly, the miserable and the poor, who are willing to purchase an hour's exhaltation of their depressed spirits at the cost of many hours' misery, and how impossible it is to stop the downward course—*facilis decensus*—once begun; we will find many to whom we may advise absolute restraint, and thus counteract the vitiated opinion which prevails amongst the public, that stimulants are useful in every form of disease, every derangement of health, which they commence to use as a cure and continue as a poison. I cannot avoid speaking strongly on this subject, knowing the widespread destruction resulting from these erroneous views. Having referred "feebly, I fear, and only in obedience to official custom," to some of the objects of the Association, I must conclude with a few remarks on the influences these meetings are calculated to produce on the personal and professional character of its members. It must stimulate the industry of each of us to see men from the remote corners of the earth, of different nationalities, speaking different languages, assembling, ready to lay down their prejudices, if any exist, or offer up any increase of knowledge they may have attained at the common altar of science, in order that through all civilized nations there may be a uniformity of opinion and practice. The old man no longer *laudator temporis acti, castigator, censorque minorum* enters into free discussion with his younger brethren, claiming no consideration except what may be conceded to his knowledge. Perhaps his slowness to adopt new views, or unwillingness to discard old opinions any more than old friends, may temper the heat of the youthful mind which Horace, the Shakespeare of antiquity, describes thus: *colligit ac bonit temere et mutatur in horas*, each mind being thus the complement of the other, nothing is adopted merely because it is new, and nothing rejected for being old. The physician whose name has already reached the temple of fame, to be its

permanent abode, comes here to have his opinions tested by the humblest member of the profession, and thus many who have hitherto been contented with routine knowledge will be stimulated to enter on a renewed course of study. We should always feel that though receiving no supernatural mission, we have assumed responsibilities that attach to no other calling. We profess to be ready, night and day, to meet all emergencies. In the army, the officer when on duty is punished doubly for any offence or negligence committed, but the physician is always on duty, even in actual combat, the enemies being disease and death. In years gone by the physician asserted the specialty of his calling by pretentious peculiarity of dress. This generation does not tolerate class distinctions of this nature. By leveling up and leveling down, the gentleman and his groom, the young lady and her brother, have become very much alike. Still there is a dignity without pomp, a dignity associated with humility and simplicity of character, which the physician should possess, making him ever feel that society and his profession have a claim on his conduct and actions. His ministrations to the poor, in dispensaries and hospitals, if he would only spiritualize his motives, would raise him to the highest dignity attainable by humanity. To show the estimation in which our profession is held by many outside of it, I will quote a few words from an English divine, Father Faber. Writing of St. Luke as a physician and painter, he says: "There is something kindred in the spirit of the two occupations. The quick eye, the observant gentleness, the appreciation of character, the genial spirit, minute attentiveness, and sympathizing heart, the impassionableness to all that is soft and winning, weak and piteous. All these things belong to the true physician. He is the minister of love, not of fear, vested with a sympathetic office of consolation, which seems the more tender and unselfish because it is official." Few there are who could claim this portrait as their own. Still all should labor towards this ideal, however exalted. Unless the heart be kept warm by sympathy, familiarity with suffering will make it hardened, and the physician becomes a skillful machine deprived of all moral enjoyment in his actions. Never could it be more necessary that our minds should be pure and our motives exalted than when entering on the work of this Association. There is something solemn in the deliberations of large assemblies, which like the force of gravity attract individual opinions as to a common center, rendering it all the more necessary that unalloyed truth, wisdom and benevolence should characterize your proceedings. And returning to your homes, this meeting may be ever associated in your minds with a recollection of duties conscientiously discharged, of the friendship of early life restored, and of new ones formed on mutual respect, similarity of tastes and pursuits, and of renewed devotion to the advancement of our great profession and welfare of its members. Allow me, before

I conclude, to avail of this the first opportunity presented to me to express, on behalf of the profession in this city, our pride and satisfaction at the alacrity with which our fellow-citizens have come forward, in spite of adverse circumstances, to do honor to this Association on their arrival amongst them. In acting thus, they will transmit to a future generation the character for hospitality and respect for the stranger inherited from their ancestors. You have only to look through the college, at the excellent arrangements made for holding the various meetings, to know that there is another person eminently deserving of our gratitude, namely, the President of the Queen's College, who has never ceased, by counsel and action, to aid us in the preparations for this meeting, as he does in every movement calculated to benefit his fellow-citizens. How can I speak without apparent exaggeration of the exertions of Professor Jones in promoting the arrangements necessary for the success of this meeting. When he first proposed inviting the Association to Cork, I was nervous and alarmed at the magnitude of the undertaking; but I soon became aware that he made no miscalculation, and that he was able to realize his original promises by unceasing energy, tact and thorough knowledge of the subject. He was not only the first to suggest the invitation to Cork, but the first to form a local branch in Ireland, thus establishing a cordial union between the members of our profession in the two great divisions of the empire. For myself, I have to express my warmest thanks for saving me much trouble and anxiety, and I am sure I can express the same feeling on behalf of every member of the profession in this city. Honor to whom honor is due.

The address was listened to with much interest throughout, and frequently was warmly applauded.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

RETRO-PHARYNGEAL SARCOMA. By F. I. KNIGHT, M. D., of Boston, Mass.

I was consulted in the summer of 1877 by Dr. Chas. Homans, of Boston, with reference to a patient of his who presented the following history:

A lady thirty-six years of age had had a hacking cough much of the time for four or five years, and hawking and raising of phlegm, with sensation of strangling in the morning, for the previous year. She had been subject to sore throat, always pronounced "tonsillitis," for four years. She had been subject to dyspnœa on exertion for two years.

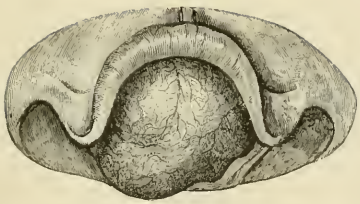
In January, 1877, having taken a severe cold, the cough was much exaggerated, she became debilitated, and was ordered to go South, and while at the South she first experienced a feeling of suffocation at night, which was several times afterwards repeated. She had had some dysphagia, but no pain in the throat. The voice was not affected. There was no family history of tumors. On her way North the throat was examined laryngoscopically for the first time by Dr. Samuel Johnston, of Baltimore, who discovered the large neoplasm, to be described. As the patient was unable to remain in Baltimore long enough to submit to treatment from Dr. Johnston, she returned to Boston, and came under my observation, as before mentioned.

On examination of the pharynx in the ordinary manner, nothing abnormal could be seen. With the laryngeal mirror a large tumor came into view, almost completely filling the upper cavity of the larynx. It was round, pretty smooth, rather soft to the touch, covered with congested mucous membrane, in which several vessels could be distinctly traced, and attached broadly in its posterior portion, exactly where, whether to the arytenoid region of the larynx, or to the posterior wall of the lower pharynx, could not be determined at that time. There was no ulceration, and no enlargement of lymphatic glands.

The situation of the growth was almost identical with that of a "fibroid" reported by Voltolini[1], which also had a broad attachment, and which apparently did not recur after removal by the galvano-caustic loop. It was decided to remove the growth in our case by the same means, after preliminary tracheotomy. Dr. Homans did tracheotomy the next day.

1. Die Anwendung der Galvanocaustik, etc., 2 te., Aufl. Wien, 1872, p. 226.

Fig. 2.



Retro-Pharyngeal Sarcoma. Tumor as seen by laryngeal mirror.
(See p. 266.)

Instead of using a simple platinum loop, I had the extremity of Mackenzie's "guarded wheel ecraseur" fitted to Voltolini's handle, and protected on the posterior aspect by hard rubber.

Nothing could have been more satisfactory than the operation, the growth being quickly removed close to the pharyngeal wall with but little hemorrhage. It was of the size of a small horse-chestnut, encapsulated, and its cut surface about half an inch in diameter. We had hoped that, notwithstanding its rather soft feeling, it, like Voltolini's, would prove a fibroid. But it was pronounced by Dr. Cutler, and afterwards by Dr. Fitz, to be a small-celled spindle sarcoma.

Dr. Cutler's report of the microscopic appearance of the growth after hardening was as follows: "It was composed of moderately small spindle cells, lying singly in a very small amount of intercellular substance. These cells were in many places arranged in bundles, which intersected each other in all directions. In a few places large numbers of round cells of medium size were found, and occasionally star-shaped cells were met with. By far the greater number of cells were spindle shaped. The growth was a spindle-celled sarcoma."

In a few days it had grown to almost its original size, and so it has remained for nearly two years, with a certain amount of shrinkage in the past year. The patient has continued to wear the tracheal tube, has had no difficulty in swallowing, and in fact little annoyance but from the tube, excepting occasional aphonia when she has taken cold. Ordinarily the voice has been very good when the tracheal tube was stopped. Both Dr. Homans and myself felt that it was better to wait for more urgent symptoms before undertaking a radical operation, which would not only endanger life, but involve the risk (with a growth so liable to recur, if life were saved), of increasing the discomfort of the patient.

I have been interested in looking up records of similar pharyngeal growths, and have made brief abstracts of cases found.

Arnott[1] reports the case of a female nineteen years of age, who had noticed a lump in her throat three months. Dysphagia and impaired speech (from obstructed nares) had existed longer. On examination a round tumor was seen filling the upper part of the pharynx, arising apparently from below. It was of the color of the surrounding parts, but its surface was rough and irregular. It was somewhat movable, and seemed attached by a pedicle to the posterior wall of the pharynx below the sight. It was removed by ligature and evulsion. There was no hemorrhage, and the patient left the hospital in a few days. Examination of the tumor showed it to be of the "size of a green walnut," with a narrow pedicle. The surface was mulberry-like. On section it

1. *Lond. Med. Gaz.*, N. S. 1845, vol. I, p. 530.

was firm, of uniform character, and "corresponded with what has been called albuminous sarcoma." On microscopic examination there were found caudate, nucleated cells, and a thin layer of epithelial cells on its surface.

Arnott[1] reports another case, that of a female forty years of age, who received a blow from a man's fist on the left jaw. She suffered pain in this region till at the end of a month a suffocative attack at night led to the discovery of a small hard swelling of about the size of a hazelnut in the left fauces. When seen by Arnott a year and a half later she complained of attacks of suffocation and dyspnœa. She could swallow liquids or fine solids without difficulty. On examination a globular tumor projected from left of fauces two-thirds across the isthmus. It was smooth, covered by mucous membrane, had a broad base, and no trace of tonsil or posterior pillar of palate could be seen on the affected side. The mucous membrane was divided, then a layer of muscular fiber, and then a cyst, the walls of which having been pushed back, a ligature was applied, the growth sloughed, and potassa fusa was applied to the stump. At the end of three months the only evidences of disease were granulations arising from the projecting and everted edge of the contracted cyst. This was also called "albuminous sarcoma."

Busch[2] gives three cases of what he designates as "retro-pharyngeal tumors." The first case was that of a man thirty-four years of age, whose voice had been modified for fourteen years. He had had dyspnœa for six months, with suffocative attacks in his sleep. There is no mention of dysphagia. On examination a tumor as large as a goose egg, with somewhat uneven surface, was found to extend from the level of the epiglottis up behind the soft palate, which it pushed forward on the left side. The mucous membrane covering it was livid. The tonsil was seen in the middle of the tumor. The external carotid, having been seen to be dilated, was tied previous to the operation on the growth, in order to diminish hemorrhage. An incision was made in the soft palate and mucous membrane covering the tumor, which was then peeled out with the fingers and scalpel. It was so large that, notwithstanding the patient's front teeth were missing, it was with difficulty brought out of the mouth. It was pronounced a sarcoma in a firm connective tissue capsule. There was severe pharyngeal inflammation for a few days, after which the patient was declared cured.

The second case was that of a man aged seventy, who had felt a small bunch in his throat a year before admission to the hospital. On admission deglutition was very difficult. On examination a tumor was found coming from the left, which filled the pharynx. On swallowing, the food passed through a narrow ulcerated slit. The operation was the same as in the preceding

1. L. c., p. 531.
2. Annalen des Charite-Krankenhausse, Jahrg. 8, hft. 1, p. 89, 1857.

case. The carotid, however, was not ligated. As the ulceration prevented the preservation of the mucous membrane intact, a crucial incision was made in it. Severe imflammation followed for a few days. The patient was discharged cured. The growth was stated to be morphologically like that of the preceding case, but with a great preponderance of unripe cell elements.

The third case reported by Busch is that of a man whose age is not stated, who had a growth of the size of a hen's egg, apparently similar to the preceding, arising from the right side of the pharynx. It did not cause him sufficient annoyance to induce him to consent to an operation.

Röser[1] reports a case which occurred in his practice in 1826. The patient's symptoms were dysphagia of six months' duration, extreme at time of examination, dangerous dyspnœa, nausea and vomiting, and hoarseness.

On ordinary inspection of the fauces nothing could be seen, but when the patient was made to gag, a smooth, soft, round, bright-red tumor came into view. By the finger it seemed to be attached to the posterior wall of the pharynx, low down. It was torn out with the forceps used for extracting stone from the bladder. It was two and a half inches in diameter, and covered with mucous membrane except at the place of attachment, which was as large as a "thaler." It looked like an ordinary fibroid, but was softer and more elastic. The microscope was not then in use. As the growth was softer and more elastic than an ordinary fibroid, it may have been sarcomatous. There was very slight hemorrhage after the operation.

Wagner (of Königsberg)[2] gives the case of a man, twenty-six years of age, who for twelve years had noticed a small, movable tumor under left angle of lower jaw. This began to increase rather rapidly, and at the same time pain on swallowing was experienced. Some swelling was detected about the left tonsil. About seven months after this he was admitted to the hospital. Ten days before his admission severe pain running up the ear and brow had set in, and the growth increased so much that he could not swallow solids at all, and he swallowed liquids with difficulty. Several times suffocative attacks had occurred in his sleep, and quite considerable hemorrhage. On examination, there was found a tumor of the size of a pigeon's egg under left angle of jaw; inside, the left arches of palate and pharyngeal wall were pushed out by a tumor, which was elastic, firm and smooth, and which seemed strongly attached to the bony wall of the pharynx. The left tonsil was not seen; where it naturally would have been, the tumor was ulcerated. The arcus palatoglossus and mucous membrane of the pharynx were incised, and the tumor dissected out with the fingers, scalpel, etc. It was

1. Medicinisches Correspondenz-blatt des Würtembergischen Aerzlitchen Vereins. bd. 29. S. 161, 1869.
2. Deutsche Klinik, 1861. p. 61.

apparently thoroughly removed. The external tumor was found to be quite distinct, and also removed. The inner growth arose from the retropharyngeal connective tissue of the spine, which was itself sound; it was of the size of the fist and extended from the base of the skull to the hyoid bone. It was pronounced a soft sarcoma. There was a speedy recurrence, frequent partial removal for relief, and finally death, five months after entrance, the patient having been choked by a piece of the tumor falling upon the larynx.

Larondelle[1] reports the case of a woman, twenty-eight years of age, who had had dysphagia sixteen months. For six months she had been unable to swallow solids, and had sometimes regurgitated liquids through the nose. Her voice was thick, hoarse, and nasal. She had severe paroxysms of cough, and suffocation; also nausea and vomiting. On examination a large, round, smooth tumor, reddish in color, was seen filling the space between the base of the tongue, the posterior wall of the pharynx, and the larynx. It was attached by a short pedicle (about two centimetres thick) to the left lateral wall of the pharynx below the tonsil. It was removed by the ecraseur. It measured seven by four centimetres. It consisted of connective and elastic tissue surrounding alveoli filled with fat cells. Adipose tissue very abundant. It was called sarcoma. Perhaps it should have been classed rather as a lipoma. The pedicle seemed to consist only of mucous membrane. There had been no recurrence at the end of seven months.

Rosenbach,[2] reports a case operated on by Prof. Baum, of Gôttingen. A man, forty-five years of age, was sent to the hospital on account of dysphagia and dyspnœa with suffocative attacks, which had been developing for six months or more. He had coughed up a piece of new growth half as large as the terminal phalanx of the thumb. On examination of fauces, a large reddish tumor was discovered. It was soft, and its surface was uneven, presenting large and small projections. It was adherent to the pharynx on the right of the hyoid bone. It measured one centimetre horizontally, more vertically. There was no lymphatic enlargement. Tracheotomy was done. Trendelenburg's canula was introduced, and then sub-hyoid pharyngotomy was performed. The growth was torn away with the fingers, and ligatures put upon the adherent stump. The growth was pronounced a round-cell sarcoma. The patient was discharged cured, but there was no subsequent report from him.

Venturini,[3] reports the case of a boy, twelve years of age. A year before seen by V. he had had otorrhœa of the right ear, and

1. *Bulletin L'Academie de Médicine de Belgique* III Serie. Tome 4, p. 183. 1870.
2. *Berliner Klinische Wochinschrift*, 1875, p. 519.
3. *L'Ippocratico*, 1871, vol. XIX., 3 Ser. p. 39.

some enlargement of the cervical glands of the same side. At this time he had some inconvenience in swallowing. When seen by Venturini he was emaciated and livid, and had three large glandular swellings of the right side of the neck.

On examination of the fauces, a large tumor was discovered attached by an extremely short pedicle to the right posterior pillar of the pharynx. On moving it, the patient was threatened with suffocation. It was removed at once by the largest sized wire écraseur. There was but little hemorrhage. The wound healed quickly, and the glandular swellings diminished. The tumor was of the size of a small apple, of a rosy color, nearly round, smooth, elastic, and of a soft, meaty consistence.

On section it had a lardaceous appearance, and on scraping, a reddish-yellow fluid was exuded. The vessels from the pedicle ramified freely in the tumor. On microscopic examination were found uniform round cells, and a granular protoplasm nucleated and contained in a scanty amorphous cellular substance. All the surface of the tumor was covered with pavement epithelium, which connected with it by fibres of connective tissue. The patient was seen three months after the operation. He looked well, and there was no appearance of the reproduction of the tumor. There was still a trace of the operation, and the right tonsil was somewhat atrophied.

Billroth,[1] reports the removal by the écraseur of a fibro-sarcomatous polypus of the size of a hen's egg from the pharynx. After nearly six years the patient, who was a man of fifty years, showed no signs of recurrence.

Mr. Syme[2] reports a case of "Fibrous Tumor of the Fauces," which Busch thinks was more likely a retropharyngeal sarcoma. A man, of thirty-eight years, presented himself, having a large, round, firm tumor, somewhat nodulated, in the region of the left tonsil. It was somewhat movable. It was as large as a small potato. The mucous membrane was divided, and the growth dissected out. The subsequent history as to recurrence is not given.

J. Carreno[3] gives the history of a rather remarkable case. Twenty-one years before his visit to Carreno, the patient, who was then a man of forty-nine years, had noticed in his throat one day while shaving himself a few bodies resembling hairs or straws, which terminated at their ends in little balls about the size of lentils. When Carreno saw him he had terrible dyspnœa, and dysphagia, and stated that during an attack of vomiting, a tumor had protruded an inch outside of the mouth. On examination two large tumors were seen in the fauces, pediculated, one measuring four inches in length and two and one-half inches in

1. *Langenbeck's Archiv für Klinische Chirurgie*, Bd. X S. 207.
2. *London Lancet*, 1856, vol. I, p. 51.
3. *Observacion de cuatro polipos situados en el centro de la faringe Decados de Med. y Cir. pract. Madrid*, 1828, vol XVII. p. 217.

thickness, with a thick and long pedicle, the other three and one-half inches in length, and more than four inches in thickness, its pedicle being thick and short, somewhat resembling cartilage. Their color was that of raw meat. The first was ligated and removed with the bistoury. The second was ligated, and removed with a lithotome and curved scissors. The removal of these two revealed the existence of two other pediculated growths rising from the bases of the preceding ones, and these were ligated several days after. There was much hemorrhage, and danger of suffocation from loosening of a ligature, which was controlled by another. The growths were pronounced fibro-cellular, and contained in their interior a tallow-like, concrete substance, ramified with vessels. They originated in the submucous cellular tissue.

Dr. S. H. Chapman[1] reports a case of "Sarcoma of the Inferior Constrictor of the Pharynx and Inlet of the Œsophagus," which, however, belonged more to the œsophagus than pharynx, and so does not much concern us at the present time.

Dr. Busch,[2] of Bonn, at the sixth Congress of the Society of German Surgeons, showed several retro-pharyngeal tumors, one of them a lipoma of the size of the fist. He said that these tumors were rather frequently met with in Bonn. They were lymphomata, fibromata, sarcomata, and rarely lipomata; generally encapsuled and easily removed. Their removal was, however, rendered difficult by the previous employment of electrolysis, the galvano-cautery, etc., which led to the destruction of the capsular limitation and to cicatricial induration between the sheath of the carotid, the bucco-pharyngeal fascia, and the surface of the tumor rendering the separation of the latter from the carotid a difficult and dangerous proceeding.

Dr. Cohen[3] refers to a case of round-celled sarcoma of the pharynx, with extensive attachments, which had been attending the surgical clinics at Jefferson Medical College for two years, in which tracheotomy was performed, and large masses removed from time to time for several months subsequently; Dr. Cohen remarks that it is quite likely that the patient would not have survived as long had a radical operation been performed when he first presented himself.

It will suggest itself at once that the facts given do not warrant us in classifying all of these cases under the head of sarcomata. There is no doubt, furthermore, that other cases, which have been recorded as fibroid, belong to this class. It will be seen also that the nature of the growths, properly classed as sarcomata, is very varied, so that we cannot rightly compare even them for the sake of making any deduction as to their

---

1. *The American Journal of the Medical Sciences*, Oct., 1877.
2. *London Medical Record*, Oct. 15th, 1877.
3. Diseases of the Throat and Nasal Passages, 2d Ed. New York, 1879, p. 252.

clinical history, i. e., time and mode of development, liability to recurrence, etc.

They are interesting, because rare, and with reference to practical procedure. The pediculated growths are easily disposed of, by ligature, écraseur, snare, scissors, etc. Those with a broad base are much harder to deal with. Few would be as successful as Röser, in tearing out such a growth with forceps. If it is situated high in the pharynx, it may be dissected out, as in the cases of Arnott (2d case) Busch and Wagner. But even in this case, if the tumor is situated at the side of the pharynx, which, as we have seen, occurs in many instances, the proximity of the carotid artery and its branches may render the operation very embarrassing, and we have seen that Busch took the precaution to tie the external carotid in one case, having found that vessel to be dilated.

If the growth of broad base is situated low in the pharynx, there seems little hope from any operation but pharyngotomy. Sub-hyoid pharyngotomy has been performed twice for the removal of tumors of the pharynx, once successfully and once with a fatal result. The fatal case was the well-known one of Langenbeck,[1] in which the operation was performed for the removal of a fibroma of the size of a Borsdorf apple. Twenty-five ligatures were required, there was much hemorrhage, both primary and secondary, and the patient died on the second day after the operation. The successful case was that of Prof. Baum, reported by Rosenbach, to which we have already made reference.

The propriety of performing this serious and certainly hazardous operation, upon a growth liable to recurrence, before urgent symptoms demand it, I should like to make the subject of discussion by the Association.

DISCUSSION.

Dr. Cohen, of Philadelphia, expressed his interest in the paper that had just been read and stated that according to his own experience, sarcoma of the pharynx was quite rare, the great majority of pharyngeal neoplasms being fibromas. He was not aware that so many cases of sarcoma were on record. Indeed, he could only distinctly remember having seen two positive cases of sarcoma, the case referred to in the paper as mentioned in the late edition of his book, and another, which only the Friday previously he had assisted a former pupil, Dr. Franklin, of Philadelphia, in removing with the galvano-cautery and forcible evulsion. Though doubting the propriety of attempts at radical removal of malignant growths of the pharynx unless the symptoms were urgent, interfering seriously with respiration or with

1. *Allg. Central-Zeit,* 1870, January 29th.

deglutition, he had rather favored an operation in the instance to which he was about to refer, for reasons he mentioned in its recital. Sunday, two weeks ago, Dr. Franklin brought to him in consultation, a healthy carpenter, forty-one years of age, single, and formerly a sea captain, who had first complained of sore throat, the result of cold two months previously.

About two weeks before Dr. Cohen saw the case some symptoms of impeded articulation and nasal obstruction led Dr. Franklin to pass his fore-finger into the retronasal portion of the pharynx of the side affected, with the result of discovering some irregularities of surface which were attributed to the existence of adenoid vegetations, as so frequently encountered in that region, but there was no evidence of the existence of a tumor on direct inspection of the throat. One week later a swelling was noticed at the lower portion of the left side of the soft palate due to something behind it, which palpation revealed to be an irregular morbid growth. During the week that had passed this had undergone considerable enlargement. Dr. Cohen observed the marked bulging of the soft palate by the tumor which had pushed the uvula far to the right side so as to be almost in contact with the tonsil of that side. The tumor was wholly above the level of the soft palate and did not involve the palatine fold or the tonsil. Rhinoscopic inspection revealed the presence of an irregular tumor filling the left side of the naso-pharyngeal space, extending beyond the middle line and precluding a view of the normal pharyngeal wall and of the posterior outlet of the left nares. Palpation determined its size as equal to that of a large horse chestnut, lobulated and divided transversely into two flattened but continuous lobes, the anterior one being involved in the posterior wall of the palate, and the posterior one adherent by somewhat constricted attachments to the posterior wall of the pharynx, to the left of the median line, and possibly laterally also, in the extreme posterior portion. It was semi-elastic in consistence at its free surface but very firm at its points of attachment as far as they could be circumscribed. It bled slightly from the manipulation. There was no pain. Several portions of the neoplasm were removed with gouge, forceps and frozen sections of the same were made within an hour by Drs. Seiler and Simes of the Pathological Society of Philadelphia, which, on examination, proved to be sections of a small round-cell sarcoma. The apparent localization of the mass, its rapid growth, and the alternative, under the results of the microscopic examination, of abandoning the patient to positive destruction in the future development of the neoplasm, led Dr. Franklin and himself to decide upon its early removal, with a large portion of the soft palate, in the hope of getting rid of the entire disease. The operation proposed was to excise a large portion of the soft palate with the galvano-cautery knife, remove the pharyngeal attachments of the growth by evulsion, and freely cauterize the entire

Editorial Notes.

To Advertisers.

The value of a medical journal as an advertising medium depends on the extent of its circulation, and the character of its readers.

The number of the readers of the Journal is now among the *thousands*. While the great majority of its subscribers are residents of the West and Southwest, yet it has readers in every State in the Union, and in the Canadas, besides not a few in nearly every nation in Europe. This is the result of no extraordinary effort on our part; the Journal needs but to be seen to be appreciated. It is the *Pioneer Medical Monthly of the country*, and with regard to age, it is the *third*. It has more subscribers who have read its pages for ten, twenty, thirty or more years, than has any journal in the West. It is, therefore, the best possible medium for advertising the pharmacal and chemical preparations—the books and instruments that are likely to be required by medical men—than any medical journal in the West, or any medical periodical that reaches the West.

We have been informed oftentimes by both physicians and druggists that the Journal Advertiser is very frequently employed as a directory in the aid of selecting the kind of medical books and preparations, and the instruments to be purchased.

We have many strong testimonials from those who have advertised in the Journal, and who have realized *valuable* results.

The rates for advertising are very low indeed, considering the large number of the readers of the Journal, and considering that although a great many of our readers are well to do physicians, they take no other medical journal.

For information concerning terms for inside and special pages, and for large space and long contracts, address

Dr. Thos. F. Rumbold,
1225 Washington Ave, St. Louis, Mo.

Very few of our readers know the amount of labor it takes to conduct a monthly journal of the size of ours. Our readers will find in the present number a greater variety of subjects and more reading matter than will be found in any Medical Monthly in the world. We earnestly desire that they will compare the contents of the present issue, with the contents of any journal that they may have on their table; and yet a large number of our readers have not paid for this year's Journal.

Our readers will notice that *Lactopeptin* and *Ingluvin* were regarded by members of the Madison County (Ill.) Medical Society, as among the chief reliances in summer complaint in children.

MESSRS. E. FOUGERA & Co., 30 N. Williams street, New York, to whose advertisement in the JOURNAL we refer with confidence, have placed at the disposal of two physicians of our city, a large quantity of De Jongh's Cod Liver Oil. After careful use of this oil, these physicians as well as those who have prescribed it, report heartily in its favor.

AMONG those exhibiting their pharmacal preparations at the British Medical Association in Cork, we wish to notice the firm of Jno. Wyeth & Bro.

A correspondent, in making notes upon their various preparations, says: "Our attention was called to Wyeth's dialysed iron as being the most concentrated yet made, 27.68 grains to the ounce, a fact well founded upon actual tests by Professor Tichborne, of Dublin."

DURING the past year we have used the preparation known as "Iron and Alum Mass," sold by Landrum & Litchfield, of Abingdon, Va. We are well pleased with its effects on our patients. The patients to whom we prescribed this preparation, were sufferers from sore throat. It was given to them as a part of their constitutional treatment.

TO CONTRIBUTORS OF THE JOURNAL.

A very great majority of our contributors send us their MSS. written in ink, with all the proper names spelled distinctly, correctly and in full. A few of them send the MSS. in pencil, to the great annoyance of our compositors and proof-readers. Some of our contributors seem to take more pains to omit the articles "*a*," "*an*" and "*the*" before the noun, than it would take were they to place them there properly, and thus save us much time in writing them in the MSS.

REMOVAL. — Dr. S. Pollak has removed his residence and office to 2642 Washington Avenue. He will also be in Dr. E. H. Gregory's office, 1010 Olive street, every day from 11 A. M. to 12:30 P. M.

surface of implantation with the galvano-cautery. The extreme probability of recurrence was explained to the patient.

On the day mentioned the operation was performed successfully, without anæsthesia, and the patient was doing well, with a large cleft in the palate. The disturbance caused by the rather protracted operation had been so little that before retiring to his room the patient had asked for an entertaining book to read, to keep his mind engaged. Dr. Cohen took occasion to mention that the excision of the palate was mainly performed on the hanging head (Rose's plan), but that at the request of the patient, the sitting posture was substituted, and found to be much more convenient for manipulation, as there was no hemorrhage until the evulsion was practiced and that was but little. As to the propriety of the removal of the tumor, time would soon decide, but he would reiterate the opinion entertained in connection with the case referred to in his book, and in which the œsophageal portion of the pharynx on the right side was chiefly involved, that that patient would hardly have survived the two years he had existed, had a radical operation been attempted. In the present instance direct access to the entire mass was practicable and this appeared to him one of the reasons which should influence the decision to operate. Inefficient removal of a sarcoma would be almost inevitably followed by accelerated growth and if there had been much disturbance of the normal position of sound parts, the growth would be proportionally rapid in the absence of limiting structures.

Where the symptoms produced by sarcoma were not urgent or could be combatted by other resources and the growth was not rapid, Dr. Cohen would certainly hesitate in advising an operation. Where symptoms were urgent or where the growth was rapid, the propriety of evulsion would depend upon a sufficiently limited extent of implication of tissue to justify a hope that the entire mass might be eradicated, with a certain amount of surrounding tissue apparently still healthy. When the attachments of a sarcoma were sufficiently extensive to preclude a hope of removing the entire mass, the only justification for operative procedure would be the desire of averting immediate or approximatively immediate death, and thus prolonging the life of the individual for a brief period.

DR. CARL SEILER, of Philadelphia, said that he was not satisfied with the report of the microscopical examination of the tumor, inasmuch as it gave nothing but a description of the shape of the cells, and that, according to this report, it might be a fibroma or myxoma or anything else. He further said that at the present time the mere shape of the cell was not accepted by microscopists as diagnostic of a growth, but that the arrangement of the cells and the character of the blood vessels, together with the stroma in which the cells are found, must all be taken into consideration in a microscopical examination. After examining a

section of the growth, he said that he considered it to be a fibroma, because it was made up of long, thin spindle-shaped cells, arranged in bundles, having small nuclei. These bundles of cells or fibers were seen to run in different directions, interlacing with each other. The blood vessels were seen to be fully developed, exhibiting well marked coats in cross sections, and no stroma or inter-cellular substance could be made out.

If it was a spindle-celled sarcoma, the cells would be shorter and thicker, the nuclei larger, and the blood vessels mere channels between the bundles of cells.

[DR. CUTLER having been informed after the meeting that objection had been made to his opinion of the character of the tumor, writes as follows: "A microscopic examination, both while fresh and after hardening, showed that it was composed of medium-sized cells, with relatively large oval nuclei, lying singly, and each surrounded by a small amount of stroma. Thin sections of the tumor teased and penciled while fresh, showed that by far the larger number of the cells were spindle-shaped, though many were round, and some were star-shaped, the nuclei being very large, and the nucleoli distinct. The stroma generally was fibrillated, and but slight in amount. The blood vessels were numerous. Sections of the tumor, after hardening, showed the cells were arranged in bundles, which interlaced each other in all directions. The growth was a spindle-celled sarcoma."]

DR. BEVERLY ROBINSON, of New York, had never encountered a case of retro-pharyngeal sarcoma, but he had taken care of a case some time since of sarcoma of the larynx, and from this, by analogy, he thought one or two inferences might fairly be drawn. In that instance there was no engorgement of the ganglia of the neck, and no microscopical examination. There was no "embryonic" condition of the blood vessels, upon the presence of which Dr. Carl Seiler laid great stress. Further, he could state, after the close and long continued observation of a case of epithelioma of the larynx, which had come to him in his hospital practice, that the induration and enlargement of the lymphatic ganglia in the region of the neck, in even more malignant affections, were not essential. He had reached the conclusion, from these and other instances observed, that engorgement of the chain of glands referred to, in examples where intra-laryngeal tumors were present, was a sign of differential diagnosis, which could not be relied upon, and indeed it was sometimes absent for a long period in cases of unquestioned malignity. Until now Dr. Robinson had always considered the excessive number of small cells in sarcomatous tumors as being proof, to a certain extent, of their malignity, or at all events of the rapidity with which they would probably recur. In this belief he was upheld by many microscopists, and notably by Virchow, in his work on the pathology of tumors. Dr. Robinson believes that in cases in which a retro-

pharyngeal sarcoma is actually present, the necessity of performing pharyngotomy would not often occur, simply because he thought it probable that the patient would succumb to secondary growths in the viscera, and notably in the lungs, before the obstruction to breathing and deglutition was so great as imperatively to demand it.

Dr. Lefferts, of New York, said: The variety of tumors of the lower pharynx and the meagreness of the information that one is able to derive from works on the subject of pharyngeal affections, makes the paper of Dr. Knight one of peculiar value and interest. I must also congratulate him upon the thoroughness with which he has performed his task of collating the literature of the affection, for having recently had occasion to go over the ground myself, in connection with a case of which I shall in a moment speak, I am in a position to know from experience the amount of labor involved in the exhaustive search for recorded instances of pharyngeal tumor which he has made. Many points of interest from a surgical and pathological standpoint force themselves upon the attention after hearing the history of the doctor's case and the number which he has collected. I shall allude to but a few. Are tumors of the pharynx, their rarity being admitted, usually benign or malignant in their nature, is a question which naturally presents itself first; one of much import, and one that must seriously influence prognosis. Again, are they, as a rule, easy or difficult of removal, and what operation or method of operating will best suit the general indications of the ordinary case? All these are practical questions and ones upon the elucidation of which personal experience will necessarily shed much light. I have seen in my own practice and that of others, five instances only of true tumor of the middle or lower pharynx. In three cases they were developed within the tissues of the *velum palati* alone and in the remaining two involved both the tonsil and lateral pharyngeal wall. The anatomical details of exact locality and displacement of parts I spare you. In three cases the tumors, varying in size from that of a walnut to more than the bulk of the first (Peter's case), were readily *enucleated*, with some care after an incision, crucial or linear, had been made over them. In one case the tumor was encircled with the galvano-cautery loop and cleanly removed, and in the last, partially removed by this means, the operation being completed with the knife. Microscopical examination in three instances certainly, and perhaps in the fourth, showed the neoplasm to belong to the class *adenoma*. In the fifth case as far as I know, no examination was made. My individual experience then has been, that pharyngeal tumors are certainly often benign in their nature, and easily removable by enucleation, but perhaps my experience has been exceptionally fortunate and unusual.

Dr. Knight has raised the question as to the propriety of removing the tumor in his case, through an incision in the thyro-

hyoid space, and as to the danger of the operation. "Sub-hyoidean laryngotomy," or perhaps more correctly, "pharyngotomy," has been performed but once in this country, and then by myself, for the removal of a foreign body impacted for years in the upper parts of the larynx. No accident happened during it, no difficulty was met with, and I should, from my experience of operations in general, regard this as a very easy and safe one, as far as the operation itself is concerned. The results, as recorded when it has been performed for the removal of pharyngeal growths, have not been favorable; results attributable, I believe, to the nature and location of the neoplasm, and not to the operation *per se*. Whether or not it be indicated in Dr. Knight's case, which the nature and location of the tumor make a serious one, that is to say, whether he will be able to best reach the growth by this means, he must judge, his repeated examinations fitting him for the task. He has other operations at his disposal, such as dividing the lower jaw in the median line and separating its halves, a procedure which increases most markedly our opportunity of reaching and working in the lower pharynx. Finally the question presents itself whether we shall, in such a case as that of Dr. Knight's (the growth being known to be sarcomatous, and therefore, in all probability recurrent in its nature, the symptoms not at this date urgent, certainly not dangerous, and the operation which best perhaps presents a feasable hope of reaching the mass so thoroughly as to remove it entire, being one where results, when undertaken for this particular purpose, are not good) operate at once or wait for more urgent surgical indications. Here, again, individual experience and peculiar views must decide. I should be in favor, in the *present instance*, of waiting at least for a time if my interpretations of the signs as I have heard them read be correct; but there is likewise much to be said, probably, by the advocates of early extirpation. I simply record my own views.

DR. ROE, of Rochester, N. Y., said: A case of pharyngeal tumor came under my observation last February. It was in a little girl seven years old.

About two months previous the child began to have an impediment in speaking, and a small tumor was noticed in the throat, supposed to be an enlarged tonsil. Shortly after deglutition began to be interfered with, when she was taken to the family physician, who referred the case to me.

On examination I found a hard nodule, about the size of a hickory nut, located to the right of the median line of the pharynx, about opposite the upper border of the epiglottis. I was unable to determine the exact nature of the tumor, but decided that it must be removed without delay, as it was growing quite rapidly, and respiration was interfered with during sleep, causing a snoring, and sometimes starting up suddenly for breath. Its general appearance and feeling were more like a fibroid, and

supposing it might be difficult of removal, I had the galvano-cautery at hand to destroy what I might not be able to remove with the knife, or to remove it with the cautery knife in case of much hemorrhage. I first made an incision over the tumor, and found that I could without difficulty enucleate the growth, which I did with but slight hemorrhage. The tumor, on examination, was found to be a lipoma.

The easy removal of this growth by enucleation accords with the statement just made by Dr. Lefferts, that in his experience pharyngeal tumors are usually readily removed, and often easily enucleated as illustrated by the cases which he has just cited.

I have been much interested in Dr. Knight's very unique case, as it is one much more difficult of management than are usually found in the pharynx, and shall be glad to learn the result of his future treatment of it.

Clinical Reports from Private Practice.

SEVERE INJURY OF THE BRAIN—RECOVERY. By A. T. BARTLETT, M. D., of Virden, Ill.

Not only does the following report relate to a somewhat remarkable recovery, but it is also suggestive of a point referred to in my article published in the March number of the JOURNAL, viz., the slight general disturbance occasionally following severe injuries of the brain, or in other words, the ability of some constitutions to resist depressing influences:

A well developed boy, two years nine and a half months old, of Danish parents, was kicked by a horse May 22d, 1879. I saw him in about thirty minutes after the reception of the wound, at which time he was resting quietly in his father's arms, with nothing whatever in his general appearance to indicate serious injury, except an implied desire to be let alone, and a vigorous protest whenever an attempt was made to remove the cloth covering his head. As to the immediate effect of his injury, nothing was positively known, but it may be inferred that there was little or no concussion of the brain, as the mother asserted that the child had escaped her observation only a few minutes when she heard an unusual noise resembling a faint cry, and a minute after a loud cry, and upon going to the child found him upon his knees and one hand, in the act of rising, while with the other hand he was wiping the blood from his face, there being no perceptible impairment of any of his faculties, mental or physical, calling his mother's name as soon as he discovered her, and afterwards becoming excessively frightened at a dog that was passing.

I found, however, upon examination, that a semilunar flap of integument three and three-fourths inches in length, correspond-

ing very nearly in shape to the border of a horse's hoof, and extending from a point near to and above the outer angle of the left eye, over the frontal eminence, had been turned up, and there was extensive fracture of bone. I therefore chloroformed the patient, and proceeded at once to dress the wound. The opening in the skull proved to be three and one-fourth inches in length. Several pieces of bone were imbedded in the brain, and a narrow spicula one and five-eighths inches in length was driven between the dura mater and the cranial wall on the left side; and to the border of the chasm nearest the median line, for about half its length, pieces of bone half an inch in width were firmly adherent, while their free edges were so much depressed that they represented an angle of about forty-five degrees to the cranial arch.

In elevating these, their attachments became so much weakened that it was thought best to remove them except at one point where only the external table was taken out. After removing the detached and depressed pieces of bone and smoothing somewhat the ragged borders of the skull, the opening measured, at the widest part, one inch in width. Although the brain was contused and lacerated, and portions of it adhered to the spicula of bone as they were removed, there was but little, if any, oozing. Indeed, the brain appeared to recede from the opening so far that there could be no escape or overflow of its substance, except the little particles that were perhaps floating in the blood, and notwithstanding the regular and very marked ebb and flow of the cerebral mass, synchronously with the heart's action, the tide did not rise so high as to interfere in the least with the use of the bone forceps or other instruments employed in dressing the wound. The rent in the dura mater was an inch or more in length, and attached to one side of it were narrow shreds of this membrane, which I trimmed off with the scissors.

The opening was next closed by carefully replacing the flap in the scalp and securing it by five silver sutures, leaving a space at the lower extremity of the wound one inch in length, for drainage. In this dressing, pure water alone was used to cleanse the parts, and no measures were adopted, by the use of the spray or otherwise, to prevent the lodgment of the omnipresent organic germs (of which so much is said) in a soil where all the conditions seemed to favor the development of the ubiquitous bacteria; and here the pertinent interrogative presents itself: might not nature's process for throwing off the contused and disorganized brain substance have been retarded in this instance by an immediate war upon theoretic vibrionic life? Whether these supposed organisms, by their presence, cause putrefaction, or whether they are merely the carriers of septic matter, we do not know.

A compress moistened with carbolized water, was applied, and the head bandaged. After the effect of the anæsthetic had partially worn off, there was free vomiting, followed by prolonged, natural sleep. No medicine was given.

May 23d.—Patient disinclined to move on account of soreness; does not ask for food, but is free from fever; mind unaffected, and tried, by words and actions, to console the grief-stricken father. Prescribed a mild laxative and diaphoretic mixture (saline), and directed that potass. bromid be given in case symptoms of fever or nervousness presented themselves.

24th.—Slight febrile reaction; some restlessness during the night. As there had been no evacuation of the bowels, gave a calomel purge, to be followed by magnes sulph. Bowels moved twice, after which nervous and vascular excitement subsided, and the case progressed without interruption to a favorable termination. But little, if any, more medicine was given, except an occasional dose of bromide. The external wound healed readily. To insure free exit of matter, I introduced a few horse-hairs, which were removed in a day or two.

Report of a Case of Monstra Deficientia to the Central Kentucky Medical Association. By J. G. Carpenter, M. D., of Crab Orchard Springs, Kentucky.

Mrs C., during the month of November 1876, gave birth to a living monstrosity, it having a deficiency of bones and muscles and may be correctly called a monstra deficientia.

Mrs. C.'s age is 46 years, has given birth to fifteen living children and has enjoyed comparatively good health all her life except during the month of March, 1876, when she was attacked with malarial fever and has led a very active and domestic life. Her husband is 48 years of age and has led an active and laborious life, in fact has done more manual labor than most men of his age. This monstrosity has bright eyes, an intelligent expression. respiration natural, action of heart regular, bowels and kidneys act well.

There is a cleft in the hard palate and an entire absence of the soft palate; the forearms are flexed on the arms, extension being impossible; the abdomen is exceeding large; the iliac, the ischii, the femur and the most of the rami of pubis are absent; the symphysis pubis is distinct and the sacrum is diminutive. The lower extremity is attached to the trunk by two fibro-cutaneous bands, which extend from a point opposite where the hip-joint should be, to the upper extremities of tibia and fibula; the right lower extremities sloughed a few days after birth; the head of the child was oblong or lemon shaped.

Sensation was elicited but no voluntary motion of limb could be produced. This monster lived 12 months and died from inanition. The cause of this deficiency in the development of the infant seems probably that there is a lack of procreative power in both parents, as the mother is 46 years old and is the mother of fifteen children, and the father, in addition to being the progenitor of fifteen children, has impaired his constitution by laborious work.

Editorial.

ONE of the reasons for enlarging the JOURNAL, was that we might be enabled to publish as great a variety of subjects as possible, expecting to have quite a number of contributors. In these expectations we have not been disappointed. Indeed, it is impossible for us to publish the fourth of our contributions if our friends do not endeavor to condense their articles. Short, thoughtful, carefully prepared papers are more likely to be read, quoted and appreciated than are very long articles, even on *important* subjects. Our columns are very much crowded, and a large number of contributors are compelled to wait for room. Some of our best friends have been unintentionally slighted by delay from this cause. We are proud of the character of our contributors, and of their number, but other things being equal, we will be compelled to give preference to short articles.

Hereafter we will be greatly pleased if our contributors will limit themselves to from six to eight pages. If subjects cannot be treated within these limits, then they had better be so written that they may be divided and given under appropriate sub-heads. Of course we do not include Transactions of Medical Societies in this restriction.

This may seem harsh to some of our most valuable contributors, but in defense of the writers of short and important articles we are forced to this course.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

With this number we commence the publication of the papers and discussions of this Association. These papers and discussions, after their appearance in the JOURNAL, will appear in book form. Those of our readers who desire a volume of these transactions should make application at once, as but a limited number will be published. Although there are a few medical associations in this country and in Europe that have *sections* devoted to Laryngology and subjects allied to it, yet no *national* association, devoted to this subject, has ever been formed until the meeting of this one in New York City last June.

The formation of this Society for the promotion of knowledge relating to the disease of the upper air passages, is one of

the best evidences that progress is being made in this department. The papers with the discussions on each, will appear in the following order:

Retro-pharyngeal Sarcoma, by Dr. F. I. Knight, of Boston; on Nasal Catarrh, by Dr. Thos. F. Rumbold, of St. Louis; on A Perfected Sponge-Carrier, by Dr. L. Elsberg, of New York; on Chorea Laryngealis, by Dr. G. M. Lefferts, of New York; on Naso-Pharyngeal Polypus, by Dr. R. P. Lincoln, of New York; Dr. E. Cutter, of Cambridge, on the Larynx and Uterus; Dr. Carl Seiler, of Philadelphia, Researches on the Anatomy of the Vocal Cord; Dr. J. H. Hartman, of Baltimore, on Laryngeal Hemorrhage; Dr. F. H. Bosworth, of New York, on a Case of Primary Tubercular Ulceration of the Pharynx followed by Laryngeal and Pulmonary Tuberculosis; and by Dr. E. L. Shurley, of Detroit, on the Galvano-Cautery in the Treatment of the Nose and Pharynx, with exhibition of instruments.

Other papers were read by title, and will appear in the transactions of the Society.

IT GIVES us great pleasure to present to our readers a contribution from Dr. Morell Mackenzie, of London. That this physician, so favorably known throughout the world in progressive medicine, should favor us, is not only an assurance that we have the best friends and helpers abroad as well as at home, but that our JOURNAL is what we have always intended it should be—cosmopolitan as well as national. Our contributors will be pleased to know that through our columns they reach not only every State in the Union and the Canadas, but a large number of readers in England, France, Germany, Sweden, Prussia, Italy, Cuba, South America and Mexico. By these we mean bona fide subscribers, men who are keenly alive to the interests of the profession, who find in the JOURNAL an encyclopedia of American medicine and the collateral sciences, as well as a *resumé* of various scientific research. Besides this our exchange list brings us the medical literature from almost every land and language, and quotes from us whatever we have of worth. We deprecate boasting, but feel it our duty to let our contributors know how liberally their ideas are "given to the world," through the JOURNAL, as well as to assure our readers that the field in which we glean for them is *world wide*.

Books and Pamphlets Received.

The Advantages and Accidents of Artificial Anæsthesia; A Manual of Anæsthetic Agents and their Employment in the Treatment of Disease. By Laurence Turnbull, M. D., Ph. G., Aural Surgeon to Jefferson Medical College Hospital; Physician to the Department of Diseases of the Eye and Ear, Howard Hospital, Philadelphia, etc. Second edition, revised and enlarged, with 27 illustrations. [Philadelphia: Lindsay & Blakiston, 1879.]

Report of the Superintendent of the North Carolina Insane Asylum to the Board of Directors, April 1st, 1879. [Raleigh, N. C.]

Precautions Necessary in the Administration of Ergot. By J. W. Compton, M. D., Professor of Materia Medica and Therapeutics, Evansville, Ind. [Reprint from the *Detroit Lancet*, June, 1879.]

A Remarkable Case of Semi-conscious Epileptic Automatism. By C. H. Hughes, M. D., former Superintendent and Physician of the St. Louis, Mo., State Lunatic Asylum, etc. Reprinted from *The Medical Record*, August 2d, 1879.

The Limit of Perception of Musical Tones by the Human Ear. By Laurence Turnbull, M. D., Aural Surgeon to the Jefferson Medical College Hospital, Philadelphia; Physician to the Howard Hospital, etc. [Reprinted from the *Boston Medical and Surgical Journal*, May 29th, 1879.] From the author.

First Annual Announcement of the College of Physicians and Surgeons of St. Joseph, Mo. Session 1879–'80 commences Oct. 6th, ends March 1st, 1880.

Alternating Anterior and Posterior Version of the Uterus. By Samuel C. Busey, M. D., Washington, D. C. [Reprint from Volume III Gynecological Transactions, 1879.]

Materia Medica and Therapeutics, Vegetable Kingdom. By Charles D. F. Phillips, M. D.; F. R. C. S. E.; Lecturer on Materia Medica, Westminster Hospital, London. Edited and adapted to the U. S. Pharmacœpia. By Henry G. Piffard, A. M., M. D., Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital, etc. [New York: William Wood & Co., 27 Great Jones street. 1879.]

A Compendium of the Most Important Drugs, with their Doses, according to the Metric System. By Wm. F. Whitney, M. D., and F. H. Clark, Apothecary to the Boston Dispensary. [Boston: A. Williams & Co., Medical Publishers. 1879.]

A Manual of Midwifery for Midwives and Medical Students. By Fancourt Barns, M. D., Aber. M. R. C. P., London; Physician to the General Lying-in Hospital and to the British Lying-in Hospital, etc. With illustrations; pp. 201; 16mo. [Philadelphia: Henry C. Lea, 1879.]

Transactions of the Thirty-Second Annual Meeting of the Ohio State Medical Society, held at Put-in-Bay, June 12th, 13th and 14th, 1877. [Cincinnati: Mallory & Webb, 1877.]

Observations on Amphoric Respiration and Amphoric Respiratory Echo. By M. L. James, M. D., President Richmond Academy of Medicine.

Twenty-First Annual Announcement of the Chicago Medical College, Medical Department of the Northwestern University, Chicago, Ill. For the session of 1879–80. Chicago. 1879.

Chronic Spasmodic Stricture, or Urethrismus. Second paper in reply to Dr. H. B. Sands. By F. N. Otis, M. D. [Reprinted from the *Hospital Gazette*, June 28, 1879.

Long Life and How to Reach It. By Joseph G. Richardson, M. D., Philadelphia. [Lindsay & Blakiston, 1879.]

Hearing and How to Keep It. By Charles H. Burnett, M. D., Philadelphia. [Lindsay & Blakiston, 1879.]

College of Physicians and Surgeons, New York. Medical Department of Columbia College. Seventy-second Annual Catalogue and Announcements. New York, 1879.

The Yellow Fever Germ on Coast and Inland. A discussion of Ship and Railroad Quarantine. Read before the Medical Association of Georgia, at Rome, April 18, 1879. By Henry Fraser Campbell, M. D., Augusta, Ga. [Reprint from the Transactions.]

Remarks on Ovariotomy, with relation of Cases and Peculiarities in Treatment. By Nathan Bozeman, M. D., New York, Surgeon to the Woman's Hospital of the State of New York, etc. Reprinted from *The Medical Record*, July and August, 1879. [New York, William Wood & Co. 1879.]

Yellow Fever, Its Origin and Relation to other Malarial Fevers. By J. G. Westmoreland, M. D., Atlanta, Ga. [From Transactions Medical Association of Georgia.]

The Metric System. By J. F. Baldwin, M. D., Columbus, O., Professor of Anatomy, Columbus Medical College, Remarks made before the Ohio State Medical Society, June 3d, 1879. Published by order of the Society.

Extirpation of the Bones of the Nose and Mouth by the use the Surgical Engine. By D. H. Goodwillie, M. D., D. D. S., New York City. Reprinted from *The Medical Record*, July, 1879. [New York ; William Wood & Company, 1879.]

Notes of Hospital and Private Practice. By Henry Gibbons, Sr., M. D., of San Francisco, Cal.

A New Operation for Entropion and Trichiasis. By F. C. Holz, M. D., Ophthalmic Surgeon to Illinois Charitable Eye and Ear Infirmary, and to the Alexian Brothers' Hospital, Chicago. [Published in the *Archives of Ophthalmology*, vol. viii. No. 2. Chicago, 1879.]

History of the Discovery of Anæsthesia. By J. Marion Sims, M. D., M. A., LL. D., From *Virginia Medical Monthly*, May, 1877.

Dermatitis Venenata; or Rhus Toxicodendron and its Action. By Roswell Park, A. M., M. D. [Reprinted from *Archives of Dermatology*, July, 1879.

A few well Established Facts in Connection with Squint. By Julian J. Chisholm, M. D. [Reprint from Transactions of Medical and Chirurgical Faculty of Maryland. Baltimore. 1879.]

Report to His Excellency, the Governor, of the Thirty-seventh Missouri University Catalogue, 1878-1879. (Triennial.) Founded 1820—organized in 1840.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland, at its Eighty-first Annual Session, held at Baltimore, Md. April. 1879.

Beiträ zur Anatomie, Physiologie und Pathologie Der Cilien, mit Berügksightigung Der Haare Uberhaupt. Inaugural—Dissertation von Ernst Mähly aus Basel. Mit Wier Lithographirten Tafeln. Ausserordentliches Beilageheft zu den Klinisghen Monatsblättern Für Augenheilkunde, xvii. Jahrgang. Struttgart, Verlag Von Ferdinand Eenke. 1879.

Contributions to the Anatomy, Physiology, and Pathology of the Cilia and of the hairs generally. Inaugural Dissertation by Ernst Mähly of Basel, with four lithographic plates. Supplement to the Klinisghen Monatsblättern Für Augenheilkunde, volume xvii. Stuttgart: Ferdinand Enke. 1879.

Anatomische Untersuchungen Atrophischer Sehnerven mit Einem Beitrag, Zur Frage der Sehnervenkreuzung im Chiasma, von M. Kellermann. Mit Einer Lithographirten Tafel. Ausserordentliches Beilageheft Zu Den Klinisghen Monatsblättern Für Augenheilkunde xvii. Jahrgang. Struttgart, Verlag Von Ferdinand Enke. 1879.

Anatomical investigations of atrophic optic nerves with a contribution to the question of the decussation of the optic nerves in the chiasm, by M. Kellerman. With a lithographic plate. Supplement to the Klinische Monatsblæter fur Augenheil kunde. Stuttgart Ferdinand Enke, 1879.

New Instruments.

A NEW AND SIMPLE APPLIANCE FOR FRACTURED CLAVICLE. By W. E. GLENN, M. D., of Rolla, Missouri.

The following is a description with diagrams of a simple appliance, consisting of a splint and belts, designed by me for the treatment of fractured clavicle, and of certain injuries of the shoulder wherein it is necessary to raise and support the arm:

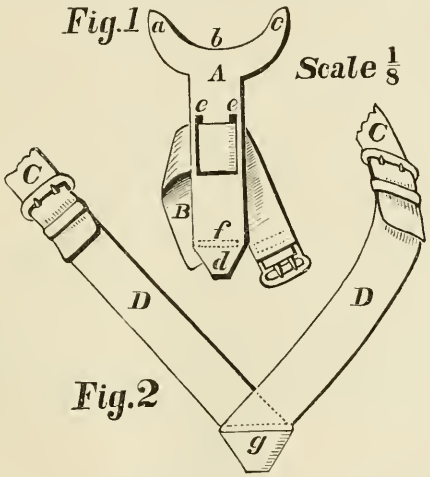


Fig. 2 represents the splint (*A*) and arm-belt (*B*). Fig. 3 the cross-belt that supports the splint and holds it in position.

The splint resembles the arm-piece (a cross) with part of the staff of an ordinary crutch and is made of any light wood. The belts may be made of webbing — not too thick — or of hemmed muslin, the dimensions of which, suitable for an average adult, should be about as follows: Across the arm-piece (*a* to *c*), inside measurement, five and a half inches, and half an inch thick at b. The staff (*b* to *d*) ten inches long and two and one-fourth inches wide, tapering at lower end, and one fourth of an inch in thickness. Three and a half inches from the hollow of the arm-piece are two mortises (*e e*), each two and a half inches long and one-fourth of an inch wide, placed about one-fourth of an inch from either edge of the staff. Through these mortised holes the belt (*b*), two inches wide by sixteen inches long, armed with a buckle near one end, passes, as represented in the cut. The cross-belt (fig. 2) that supports the splint *in situ* is two inches wide and is divided into two sections (*c* and

d). The upper section (*c*) crosses over the sound shoulder and is twenty-two inches long. The lower section (*d*), about thirty inches in length with the part included in forming the pocket (*g*) which is made by folding and sewing the belt in its middle. An inch or two from either end of *d*, a buckle is attached wide enough to receive and hold the corresponding end of c.

The application is simple and speedy. The fracture having been reduced and the arm of injured side being supported, the arm-piece of the splint, well padded with some cotton retained by a few turns of a roller, is placed in the axilla and the pocket (*g*) in the belt, passed over the lower and tapering end of the staff. Upper section (*c*) placed over the opposite shoulder is buckled to the lower section (*d*) after both have been drawn moderately tight, into position. Under c where it passes over the shoulder a pledget of cotton may be put to prevent chafing. The humerus is then pressed gently to the side and confined by the arm-belt (*b*).

If required, the splint and belts may be supplemented by a sling to support the fore-arm attached to upper section (*c*) of cross-belt. In children and restless patients, the belt (*b*) may be made long enough to include both arm and body, but I have but once in my practice considered it necessary.

The size of splint is to be modified by conditions. For small adults and women a smaller splint may be used and a still smaller one, with narrow belts, for children. Instead of the supporting cross-belt (fig. 2.) being in two sections, one long single belt could be used. In this case a third mortise (fig. 1) would have to be made, through which the belt would pass from the sound shoulder. This would dispense entirely with the pocket and one buckle, and economize somewhat in the belt.

Fig. 3

Where material is scarce or in an emergent case, it would be easy to improvise a splint out of a piece of half-inch pine (or whittle to the shape, a thick clap-board as I have done). This padded and held in place by a four-inch strip of domestic doubled on itself lengthwise as a cross-belt, the ends passing through the mortise (fig. 1 *f*) and tied in a firm knot, would answer

a good purpose, another strip of domestic binding the arm.

Fig. 3 shows the apppliance fitted. Support is afforded and traction obtained from the sound shoulder without multiplying bandages, an especial advantage in warm weather. The splint will not absorb moisture *per se* like soft pads, and its crutch-like shape will prevent its disarrangement. Its construction is simple and ready, and once made will last a life-long practice, while a piece of fresh cotton and a new roller will render it clean as ever, and acceptable to successive patients.

I claim for this appliance simplicity, economy, celerity of adjustment, either over or beneath (preferably beneath) the under clothing, comfort to the patient, perfect adaptability and security against displacement of the fractured bone.

News Items.

The Tri-State Medical Society will meet on the first Tuesday in November, at Evansville, Ind.

We understand that Prof. Hiram Christopher has been appointed to the Chair of Chemistry in the St. Joseph Medical College. Through our long acquaintance with him, knowing him both as companion and tutor, we are certain that he will give satisfaction.

We are pleased to announce that Dr. Jno. T. Hodgen has returned from attending the British Medical Association. Our readers are indebted to him for the synopsis of this large association.

Lindsay & Blakiston, of Philadelphia, are issuing a popular series of medical, hygienic and scientific books, denominated "American Health Primers." These primers are edited by Dr. W. W. Keen, of Philadelphia. They will deal largely in the science of preventive medicine, and are really intended to prevent disease and to enlighten the public generally on hygienic matters. There are eleven of these small volumes which treat of the following subjects: "Hearing and How to Keep it." "Long Life and How to Reach it." Sea Air and Sea Bathing." "The Summer and its Diseases." "Eyesight and How to Care for it." "The Throat and the Voice." "The Winter and its Dangers." "The Mouth and the Teeth." "Our Homes." "The Skin in Health and Disease." "Brain Work and Over Work."

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimun occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—AUGUST, 1879.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	73.0	94 0	18	58.0	77.5
2	75.0	95.0	19	62.0	81.0
3	77.0	97.0	20	65 5	88.0
4	79.0	**97.5**	21	69.0	89.0
5	81.5	95.0	22	69.5	91.0
6	71.0	91.0	23	69 0	86.0
7	74.0	86.5	24	65 0	70.5
8	65 0	77.0	25	61 0	78.5
9	61 5	80.0	26	63.5	81.0
10	63.5	83.0	27	66 0	83.0
11	65.5	86.0	28	68.0	84.5
12	68.5	87.5	29	67.0	86.0
13	69 0	88.0	30	67.5	87.5
14	71.0	78.5	31	69.0	81.0
15	66.5	69.0			
16	61.5	73.0	Means	67.7	84.8
17	**56.0**	75.0	Monthly Mean	76 2	

Quantity of rainfall, 2.22 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM JULY 20, 1879, TO AUGUST 16, 1879, INCLUSIVE.

Septicæmia		Cholera Infantum	135	Hydrocephalus &		Apoplexy	5
Measles	3	Inanition, Want of		Tubercular Meningitis	14	Cyanosis and Atelectasis	
Syphilis	2	Breast Milk, etc.	2	Meningitis and		Premature & Preternatural Birth	11
Scarlatina	5	Alcoholism	3	Encephalitis	25	Surgical Operat'ns	
Pyæmia	5	Rheumatism and		Other Diseases of		Deaths by Suicide	9
Erysipelas	3	Gout		the Brain and		Deaths by Accid't	14
Diphtheria	5	Cancer	7	Nervous System	27		
Membranous Croup		Phthisis Pulmon.	62	Cirrhosis of Liver		Total Deaths from	
Whooping Cough	8	Bronchitis	5	and Hepatitis	7	all Causes	634
Atheromatosis Ater		Senility	15	Enteritis, Gastro-		Total Zymotic Diseases	273
Effects of Solar Heat	4	Pneumonia	9	Enteritis, Peritonitis, and Gastritis	14	Total Constitutional Diseases	116
Typhoid Fever	21	Heart Diseases	20	Bright's Disease		Total Local Diseases	199
Cerebro Spinal Fe.	2	Other Diseases of		and Nephritis	9	Total Develop'tal	
Remittent, Intermittent, Typho-Malarial, Congestive & Simple		Respir'y Organs	11	Other Diseases of		Diseases	29
Contin'd Fevers	27	Entro-Colitis		Urinary Organs	1	Deaths by Viol'ce	16
Puerperal Disea's	1	Marasmus—Tabes		Recto-Pharyngeal			
Diarrhœal "	28	Mesenterica and		Abscess			
		Scrofula	32				
		Convulsions	62				
		Aneurism					

CHAS. W. FRANCIS, *Health Commissioner.*

Trommer's Extract of Malt.

The rapidly increasing demand for our IMPROVED EXTRACT OF MALT, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an improved process, which prevents injury to its properties or flavor by excess of heat **It represents the soluble constituents of Malt and Hops,** viz: Malt Sugar, Dextrine, Diastase, Resin and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25 7 Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article

Yours truly,
SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of Diastase renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose of adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1 1-2 lbs of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,				*With Hops (Plain)*	$1.00
"	"	"	"	*Pyrophosphate of Iron (Ferrated)*	1.00
"	"	"	"	*Cod Liver Oil*	1.00
"	"	"	"	*Cod Liver Oil and Iodide of Iron*	1.00
"	"	"	"	*Cod Liver Oil and Phosphorus*	1.00
"	"	"	"	*Hypophosphites*	1.50
"	"	"	"	*Iodides*	1.50
"	"	"	"	*Alteratives*	1.50
"	"	"	"	*Citrate of Iron and Quinia*	1.50
"	"	"	"	*Pepsin*	1.50

Manufactured by

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

PARKE, DAVIS & CO.,

Invite the attention of Physicans to the following articles:

SUGAR-COATED PILLS.

ROUND OR OVIFORM.

Sguar-coated Pills are without doubt one of the most useful forms of pharmacal productions. Prompt in their action, attractive to sight and taste, and easily carried, they will always be the favorite vehicle for administering remedies, with a large class of practitioners. For our own brand, we claim the following advantages:

1. In their manufacture, drugs and chemicals of the greatest purity only are used.
2. Great care is exercised in the weighing of the material, and the full amount of each ingredient is guaranteed.
3. The mixing process is conducted by means of costly and effective apparatus, which produces a perfectly homogeneous mass.
4. All pills are rolled by skilled employes, on hand machines, constructed especially for us from our own plans, and are in consequence divided with perfect accuracy.
5. The coating is applied, without the use of heat, in large copper pans driven by steam.
6. Our pills, when finished, are unsurpassed in regularity of shape, beauty of finish, solubility and therapentical efficacy.

☞ *Please observe* that *our pills* are coated while the *mass is yet soft*, and will *remain* in same condition for *years*. *To convince* yourselves of this fact, and of their *extraordinary solubility*, please cut open a few of them (for instance, quinine, cinchonidia or blue), all of which are usually found on the market hard and insoluble.

Note also the *rapidity* with which the *sugar coating* is dissolved in the *saliva*.

We call attention to our long list of officinal and other standard formulæ of Sugar-coated Pills, which includes every published modern formula in use. We also give particular attention to the manufacture of special formulæ, and can assure our patrons of satisfaction. If you have a "favorite prescription" which you desire to have sugar-coated, and are willing to order in quantities of 3,000 or more, send us the formula with request for quotations. All communications of this nature are strictly confidential, and will receive prompt and cordial attention.

Send for Price List of 400 Formulæ. Specify P., D. & Co.'s in ordering.

EMPTY CAPSULES.

Our Capsules are composed of two small tubes of *prepared gelatine*, one sliding into the other, and each closed at one end. The remedy employed is then separated into the proper doses, one of which is placed in the smaller tube, which is then "telescoped" into the larger. It is now in the shape of a small cylinder, three-eights to one-half an inch in length, and one-eighth to one-fourth of an inch in diameter, and closed at both ends. They are put up in neat sliding boxes, containing one hundred each.

Many drugs, among which we may note *roots, gums, emetics, capsicum, etc.*, are practically debarred from use in certain cases, on account of their physical properties, appearance, odor and taste, and the difficulty experienced in swallowing them. It is also frequently advisable to conceal from the patient the nature or identity of the drug, because of some idiosyncrasy, or of his imagination with regard to its peculiar effects on his system.

When the services of a pharmacist are not obtainable, Empty Capsules offer the best vehicle for administration in such cases. If the gelatine is properly prepared, it quickly dissolves under the combined action of heat and moisture of the stomach, even in torpid conditions of that organ, and the enclosed medicament is rapidly assimilated in the system.

Specify P., D. & Co.'s in ordering.

NEW REMEDIES.

☞ If you desire any information in regard to NEW REMEDIES, send stamp to us for the same. We issue large circulars, giving full botanical and medicinal history of those introduced to the profession by us, which circulars are furnished free of cost upon application. Among the many new remedies which we have placed on the market may be mentioned Folia Carobæ, Rhus Aromatica, Grindelia Robusta, Grindelia Squarrosa, Cascara Sagrada, Yerba Santa, Yerba Reuma, Viburnum Prunifolium, Ustilago Maidis, Coto Bark, Berberis Aquifolium, Damiana, Coca, Boldo, etc

Parke, Davis & Co.,

DETROIT, MICH.

If you desire to procure any of these New Remedies, send for same to **Richardson & Co., Meyer Bros. & Co., A. A. Mellier, Jacob S. Merrill** and **G. K. Hopkins & Co., St. Louis; Arthur Peter & Co., R. A. Robinson & Co., Louisville; Wm. Litterer & Co., Nashville; R. Macready & Co., Hale, Justis & Co., Rauchfuss, Egner & Co., C. A. Nulsen & Co.,** and **C. E. Potts & Co., Cincinnati; Miller & Pierce, Richmond,** specifying **"P., D & Co.'s"** in all cases; by so doing you ensure reliable preparations of the **true drugs.**

Discussion on the Forceps.

Dr. C. H. Hughes: — I desire to call the attention of the members of the association to some measurements of heads which I have here. They were made last summer, for another purpose, but they have reference to the subject under discussion.

I have made an examination of over one thousand head-measures, taken by the different hatters of the city. There are two hundred and fifty in this lot. You will observe, Mr. Chairman, the lack of symmetry in almost every head, or at least in the vast majority of heads here delineated. When this subject of the use of the forceps came up last year for discussion, I took occasion to remark that a large number of the cases of idiocy and imbecility, and some cases of insanity, might reasonably be traced to malformation of the head in infancy, as well as to injury in consequence, not of the use of the forceps, though their employment has doubtless sometimes permanently injured the fœtal crania *in transitu* through the pelvic straits, but in consequence of retarded labors, too long delayed by non-interference, the forceps not being resorted to in time. The vagina should neither be made a tool chest nor a Golgotha. There are extremes on both sides of this question. It is probable that a large proportion of the chronic cranial mal-formations existing in the human race are due to the lack of timely assistance during labor, and it seems to me very reasonable, where labors are likely to be greatly prolonged, that the forceps should be resorted to in time, and nature assisted, that possible malformation and damaging brain-pressure might be averted. These delineations were collected, as stated, for another purpose, and show another fact, viz.: that among civilized men the left side of the human cranium is much larger than the right. There are very few that are symmetrical, and the majority are asymmetrical on the left rather than on the right side.

Dr. W. Johnston: — I do not propose to condemn the use of the forceps, for I have used them for nearly forty years, perhaps before any man in this room. I witnessed the use of the smaller forceps at a very early period. It was the custom then not to use them until there appeared in the female a necessity or a great demand for their use. It was the custom then to perform craniotomy instead of using the forceps. I am still of the opinion, if the accoucheur is satisfied the child is dead, it would be better to adopt craniotomy. The forceps should never be used, in my opinion, unless the condition of the female is such that she cannot deliver herself. If her condition is such that nature will fail in performing the act in a reasonable time, and the condition of the female is such that the forceps can be used without injury to the surface or soft part of the female, it will be proper to use them. But the paper read a few evenings ago by our

friend Dr. Maughs, in my opinion, teaches wrong midwifery. If you have rigidity of the cervix with enlargement and prolapsus of the cord, the chances are if you apply the forceps, as represented in that paper, you will kill the child. It cuts off the circulation; the child will inevitably die. Then the course pursued by S. S. Parker, of Exeter, England, should be adopted, i. e., take a piece of whalebone or catheter and return the cord or use your fingers, which I have done; place the mother on all fours, and return the cord, and the pains will bring the child's head down, and you thus will save the child. The mode of procedure recommended in Dr. Maughs' paper, in my opinion, is wrong, and it will in his hands, or in the accoucheur's hands, kill the child.

In the next place, we seldom meet with this enlargement and rigidity of the cervix. Dr. Maughs recommended that when the os uteri dilated to the diameter of two inches, the forceps should be applied, and delivery made immediately. In England they have done that, and pulled off the neck of the womb; if you do not pull it off, you will inevitably lacerate it; therefore it is wrong midwifery. You had better as one means nauseate your patient. Nature may be tardy, but if I put on the forceps, as recommended in the paper, I should certainly tear the neck off or lacerate it. Next, the application of the forceps and extracting the child, without ever observing the condition of the soft parts in every third or fourth case, is bad midwifery. I have never yet found it necessary to use the forceps in every third or fourth case, as recommended by Dr. Maughs. I am astonished that Dr. Maughs has placed himself on record as using the forceps so frequently. I would ask the Doctor if he has recorded all the cases he has been called in, whether they were in his own practice or in consultation with others.

June 28th, 1879.

Obstructions of the Gall Bladder.

Dr. T. F. Prewitt: — It will be remembered that at a recent meeting of the Society, I reported a case of obstruction of the gall duct with distension of the gall bladder which I had aspirated, and drawn off fourteen to sixteen ounces of fluid; that I proposed to the patient the performance of cholecystotomy with a view of giving more permanent relief.

This operation he declined. I stated to the party and also to his friends, that he would certainly die if this operation was not performed; he did die about ten days ago. He had been jaundiced for five months. I have here the specimen, showing the enlarged gall bladder, the distension of the ducts, and the obstruction at the opening of the common duct into the duodenum. There were no gall stones in the gall bladder, and the obstruction is evidently due to inflammatory thickening about the orifice of

the ductus communis. The gall bladder, as can be seen, is very much collapsed. The fluid has escaped. The liver was found to be much altered. It seemed soft and pulpy. The patient died, I think, on Monday, and I made the autopsy on Wednesday at noon. The body had been kept in ice. There was no distension of the the abdomen whatever, and the body seemed to have been well preserved by the ice. The changes in the liver did not seem to be post mortem, but due to obstruction of the gall ducts and damming back on the liver which follows in these cases. By Dr. Sims and Dr. Keene early operation is urged in these cases where the diagnosis of obstructions of the gall duct has been made, and there is persistent jaundice, distension of the gall bladder, and itchings over the body. For the purpose of opening the gall bladder, a permanent fistula should be made early, to anticipate the change in the liver, the disorganization of the liver as a gland structure, and also the condition of the system which follows in these cases. The blood is poisoned by the retention of bile acids, and so forth. That was the case here. He was relieved by aspiration. The fluid removed, amounting to fourteen or sixteen ounces, was of a dark—not very dark—green color, containing a certain amount of bile, no doubt, but yet not pure bile; the same as is usually found in cases of dropsy of the gall bladder. It is not bile. It is a secretion from the gall bladder and ducts—largely of these, but not pure bile. The gall bladder was not entirely evacuated. The liver structure is soft, pulpy, and breaks down readily, and the ducts, the ductus communis and the cystic and hepatic ducts as well, are very much enlarged, as large as to admit my middle finger, perhaps, except at the entrance to the duodenum. This obstruction is presumably the result of inflammatory action.

During the life of the patient the distended gall bladder could be readily felt below the ribs, fluctuating and of considerable size.

Calculi in the Urethra.

Dr. F. J. Lutz exhibited specimens of calculi, and said: I will ask the attention of the Society for a few minutes. I have brought with me two specimens of calculi, which I removed today from the urethra of a boy æt. ten years, who was brought to the Alexian Brothers' Hospital on yesterday. An older brother, who accompanied him, said that the boy had been suffering with some trouble of the bladder since he was two years old; that some physicians had examined him, some declaring there was a calculus, others denying this. For the last three years no surgeon has treated him.

The boy had pain depicted on his countenance. He sat leaning to the left side; his left thigh crossed his right, and his left hand constantly holding his penis.

On examination, the prepuce was found to be enormously elongated and hypertrophied; urine dribbled constantly from the meatus urethræ; the perineum was distended, as when in labor the head has descended, to use an exaggerated simile, and just behind the scrotum a hard body about the size of a walnut could be distinctly felt. On passing a probe into the urethra—for I had no small-sized sound with me—it struck the foreign body, and the peculiar feeling imparted indicated it to be an impacted calculus. The anus was very patulous, but no examination per rectum was attempted on account of the great suffering of the boy. Neither his brother nor his father, whom I questioned next day, knew anything about the introduction of a foreign body. The patient was ordered to return next day, when an examination under chloroform would be made and the calculus removed.

This morning the boy was chloroformed by my colleague, Dr. Wesseler, and placed in the lithotomy position. The bulging of the perineum was now greater than ever, and the stone could readily be felt. Passing the index finger into the patulous rectum, the stone seemed to continue into the bladder. Perineal section was performed without introducing a staff, the calculus serving as a guide. During the operation the patient strained, and the rectum prolapsed about three inches of its length, pushing out several pieces of hardened fæces. After returning the rectum the urethra was opened, and a little pus escaped, and the first stone, pear-shaped, one and a-half inches in length and one and an eighth inches in its broadest diameter, weighing four drachms, was removed. The urethra had of course been greatly distended at this point, and after passing my finger into it, I at once struck upon another stone. I seized it with a pair of forceps, and with the index finger of my left hand gently pressing it from behind, it was readily extracted. Its weight is six drachms, its length two and one-half inches, its width seven-eighths of an inch throughout. A smooth surface is found on both stones, indicating the surfaces where they had been in contact. No other calculus in the bladder. There was very little hemorrhage; compression with a sponge dipped in ice-water stopped that. I show the calculi, not on account of their size as compared with others found in the bladder, but because of the enormous size they attained in the urethra. Evidently at some time a small calculus was found in the bladder, which was afterwards expelled and lodged in the bulbous portion of the urethra, where it was subsequently enlarged by deposits. For the second one we must suppose a separate nucleus. This occurs quite frequently. I remember removing one, about a year ago, from the urethra of a man, which was the size of a hazlenut. These calculi are very often the result of foreign bodies being passed down, especially in children; but I asked the boy's brother and father if they knew of anything of that kind. They knew nothing of any

foreign body being passed into the urethra. But foreign bodies are passed into cavities, and remain there for a length of time, and patients do not remember it. About a month ago a young lady called at my office, and brought what she designated a piece of bone which she had passed up and down her right nostril a year and a half since. It emitted a very offensive odor. On examination it was found to be a button; the nasal secretion had hardened around it, and had formed a hard foreign body.

Foreign Body in the Urethra.

Dr. T. F. Prewitt:—I present a specimen. This is a case of a foreign body in the urethra. On the 2d of July I was called to see an old man, seventy years of age, who had incontinence of urine. Upon examination I found it was the incontinence of retention. His bladder was full to overflowing, the result of prostatic enlargement. A physician who had seen him had attempted to pass a catheter, and had caused considerable bleeding. He was apprehensive that he had caused a false passage. When I passed the catheter I detected a little roughness, which I thought was the result of abrasion of the mucous membrane. I succeeded, however, in introducing it into the bladder, and drew off a quantity of stinking urine. Yesterday I attempted to pass the instrument, but did not succeed. On the 4th of July I attempted to pass the instrument, and found a decided roughness, coming in contact with something that I supposed to be a calculus, and following down the urethra beyond the scrotal portion, I could feel a small body, which I naturally inferred was a calculus. I told the nurse to get me a wire, thinking I could loop it out, as I had no small forceps with me. While he was procuring the wire I continued my examination along the course of the urethra, and found a body of a greater length than I expected, and it was evidently something else than calculus. I could detect something an inch or more in length, and concluded that the catheter had been broken in the urethra. I took out of my pocket case an ordinary dressing forceps, slipped it down into the urethra, and succeeded in grasping the upper extremity, and drew this out (exhibiting same.) It is the frame of a spectacle that goes behind the ear. It has a sliding piece, in the old fashion. The end has been doubled over; it still has a string attached. How long it has been there I do not know.

A Case of Compound Comminuted Fracture of the Forearm Produced by Crushing. Recovery Without Amputation.

Dr. Edw. Borck: — I introduce to you to-night Mr. Henry Wallford, a German living on Benton street. This is a case to which the remarks that Dr. Mudd made some time ago are very applicable. He said it was not so much the question whether a limb could be saved, as it was what sort of a limb could be saved. This was the question with me in the case before you. There is nothing which gives the surgeon so much satisfaction as to see a compound comminuted fracture getting well, but it also causes him a great deal of anxiety. However, let me relate the history first. The patient is forty-six years old, married, and a teamster. On Dec. 31st, 1878, late in the afternoon, while engaged in hauling ice, in trying to get upon his wagon, he slipped and fell, his horses started and the front wheel went over his right forearm, a weight of about two thousand pounds. When brought to my office, I found the bones of his arm crushed in several pieces and a wound extending about two inches from the styloid process upwards, from which hung down the two halves of two muscles, a large and a small belly, and their tendon, which I recognized as the extensor carpi-ulnaris and the extensor minimi digiti; there was not much hemorrhage; the skin nearly up to the elbow appeared like a loose bag and was livid.

I placed the arm in as good and straight a position as possible upon a flat splint. I could not keep the arm in the position intermediate between pronation and supination, but kept it in the latter position towards the end of the treatment. I cut away the two ends of the muscles, cleansed the wound with carbolized water, closed it with pin sutures, and dressed it with carbolized oil and bandage and then gave him two centigrams of morph.; sent him home in a carriage, and ordered warm water dressing to be made until I saw him again. The next day the arm looked pretty well, though he had not slept and was nervous. I continued the warm water dressing; put the arm in a swing suspended from the ceiling; ordered forty centigrams of bromide of potash, and two centigrams of morphia every three or four hours. The following day he was more tranquil, but had not slept, notwithstanding he had taken eighteen to twenty centigrams of morphia, and what is still more noteworthy, his pupils were not at all contracted. I have observed this in several other severe injuries, when bromide of potash and morphia were given in combination, so there may be some antagonism between the two drugs.

He had no appetite; his water passed freely, but his bowels were constipated. Four compound cathartic pills were ordered when needed, and quinine to keep up his strength, as suppuration had set in about the middle of the day, and the whole skin had sloughed away, and the discharge was watery and offensive. I discontinued the warm water and used vaseline dressing.

About the sixth or seventh day he had a severe chill and very high fever; the whole arm, up to the shoulder, became colored a brownish hue, which afterward turned into a deep red phlegmon and the case was not promising at all. I felt almost sorry that I had not insisted on amputation at first, but the patient thought that almost any kind of an arm would be better than an artificial one, and this is the question. I put him at once upon forty centigrams of iodide of potash every four hours, ordered a bran poultice, and the next day made four incisions, when about a pint of pus and dead tissue escaped. The wound closed up rapidly and the erysipelas disappeared; the joint was not involved. The wound in the forearm continued to suppurate, but the discharge changed to healthy pus. The patient was very much emaciated and I kept him up with good diet and tonics; granulations sprung up in one place, and sloughing continued on another part of the extensor communis digitorum, and some of the tendon was pulled out with ease, also pieces of bone. It was impossible for me to keep the radius in its place; the lower end would spring up. After this healing occurred rapidly, and by the first of February he was able to walk about, and by the end of that month the wound was almost completely healed. I showed this case several times to Dr. Alfred Hiecock, and I ask you now to examine it, and will be pleased to have your opinion in regard to the future usefulness of the arm.

Dr. Pollak asked Dr. Borck why he cut off the two muscles in this instance.

Dr. Borck said the opening was so small it was impossible to bring the muscles back, and if he had, they might have sloughed. It might be asked if it would not be well to make the opening large, so that the muscles might be united with the catgut ligature. He did not know that they would have united. If any gentleman would suggest a case in which they had united, he would be glad to hear it.

Dr. Prewitt said that Dr. Borck was to be congratulated on the result of the case. The result was excellent, and infinitely better than amputation, infinitely better than any apparatus in the way of an artificial hand or arm. That was quite a useful hand. The Doctor was probably right in cutting off the muscles. They were probably bruised and lacerated, and would not be likely to unite. If there was simply deviation of the tendon, he might have tried the experiment of uniting them.

Case of Obstruction of Small Intestine, the Ileum Being Twisted. Reported by J. R. Lemen, M. D.

H. B., age 26 years, a publisher by occupation. Family history good, and excepting occasional attacks of colic, has been healthy. About three weeks before his last illness he had a severe attack of colic which lasted about an hour. Took some home remedy and was relieved. He was ruptured 7 or 8 years

ago, but after wearing a truss for some time he recovered, no sign of former trouble remaining. Patient, however, always complained of what he called a weakness in the lower part of the abdomen. On the morning of April 25, he came to my office suffering with colic, but upon visiting the water closet and having, as he expressed it, a "free operation," he felt much better. He went to his office, but soon afterwards was again attacked with pain, which lasted two hours. I was sent for and prescribed tincture opii camphorata and bismuth, which relieved him. He then returned to my office when the pain recurred more severely than before; I examined him again and found that the pain followed the tract of right ureter, extending along the spermatic cord into the testicles. The testicles were retracted. Only small quantities of urine were voided. I diagnosticated nephritic colic. Dr. J. M. Scott then saw him with me and after examining him, endorsed the diagnosis. The pain continued all night and during next day, in spite of large hypodermic injections of morph., given to relieve him. The pain became less violent toward the evening of 26th. Dr. Atwood saw him with me at that time. There was a great deal of retching; the patient vomited some bile. In the afternoon, the temperature arose to 102¼°. Quinine was given freely, and on Sunday morning, the 27th, he seemed somewhat better, the pain having measurably subsided and the temperature not above 100¼°. On afternoon of same day he was not so well, pain greater, temperature the same. Dr. Prewitt then saw him. Vomiting returned on evening of 27th, with exascerbation of pain. Dr. Atwood seeing him with me in the evening, he thought best to blister the abdomen, which was done. Quinia continued; also small dose of calomel administered. Morning of 28th patient seemed a great deal better and wanted to leave the bed. On the afternoon of the 28th he grew worse, abdomen swollen, and considerable tenderness; temperature the same. On the 29th the patient was no better, but had not vomited for 24 hours. Growing weaker, temperature the same; stimulants given freely with beef extract and milk. No improvement. On the 30th the abdomen was more distended and impeded respiration, so much that it became necessary to puncture the intestines through the walls of the abdomen. Large quantities of gas escaped through the canula, affording the patient much relief. He seemed a little better on the morning of May 1, but grew worse toward evening. May 2d the patient was worse, and on May 3d it was evident the case must terminate fatally. He died on May 4th.

Post mortem held 12 hours after death. Upon opening the abdominal cavity, the intestines were found much congested and eight inches from ileo-cæcal valve we found a complete twist of the ileum. The transverse and descending portions of the colon were completely collapsed, and ulceration was established at the point of disease and a small quantity of pus was found in the cavity of the abdomen.

Trommer Extract of Malt Co.

FREMONT, OHIO.

FREMONT, Ohio, April, 1878.

DEAR SIR:—

It is now five years since we first introduced and began the manufacture of Extract of Malt in the United States. It has been our aim to furnish the medical profession in America with a malt-extract equal to the best German make, and (by saving the expenses of importation), much cheaper than the foreign article can be afforded. For the manner in which our efforts have been appreciated by the medical profession, we desire to express our warmest thanks.

The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

We do ourselves but simple justice, in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, etc., (who attracted by the high reputation of our Etract of Malt), have recently in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according to the fulsome praise with which their advertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR or MALTINE, which, as is well-known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose, which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery sugar house syrup, "strained honey" native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and sugar cane.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from barley malt combined with the proper proportion of hops, that has been for many years the standard medicinal nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our cirlcular and testimonials elsewhere printed.

Very respectfully,

TROMMER EXTRACT OF MALT CO.

FROM ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, VOL. XVI, PAGE 474:

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as cod-liver oil, carbo-hydrates (malt sugar, dextrine), taking the place of fatty matter. The simple (much or little hopped) and the chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of cod liver oil in the treatment of phthisis, and other wasting diseases at the Basle Hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer or wine."

TO THE MEDICAL PROFESSION.

MALTINE

EXTRACT OF MALTED BARLEY, WHEAT AND OATS.

THIS PREPARATION
Contains from three to five times the Medicinal and Nutritive elements found in the Extract of Malt.

MALTINE is a highly concentrated extract of malted *Barley*, *Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three* to *five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of MALTINE the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.*

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and *Potassium* are essential elements in the food of man, and it is only in MALTINE, containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. MALTINE contains twenty times the quantity of *Gluten* found in any Extract of Malt.

FOURTH: LIEBIG says "Wheat and Oats stand first among our list of cereals in combining all the elements in proportion necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manfacture of MALTINE is that it contains larger proportions of mineral matter (bone producers,) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of MALTINE, and request a trial and comparison of merits with any article offered for similar uses.

* As a sure test for Disastase, and the Albuminoids a small quantity should be put in a test tube or small vial, largely diluted with Water, and heated to the boiling point, when the Albumen, if present, will coagulate, and appear in little flocculent particles throughout the liquid. If the extract remains clear, it is proof that it had already been cogulated by excessive heat, and removed by filtration during the process of manufacturing. Any heat which will coagulate Albumen will inevitably destroy the digestive power of Diastase.

The Nitrogenous constituents of MALTINE have a composition identical with that of the chief constituents of the Blood, and therefore contain nearly every element requisite for the reproduction of the human body.

MALTINE AND ITS COMPOUNDS

can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membrane and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

WE MANUFACTURE THE FOLLOWING PREPARATIONS, THE FORMULAS AND DOSES OF WHICH ARE GIVEN IN OUR DOSE BOOKS AND ON THE LABEL ATTACHED TO EACH BOTTLE.

MALTINE **With Hops.**

MALTINE, **Ferrated:**

This combination is specially indicated in Aæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

MALTINE **With Phosphates Iron and Quinia:**

A powerful general and nutritive tonic.

MALTINE **With Phos. Iron, Quinia and Strychnia:**

A powerful nutritive, general and nervous tonic.

MALTINE **With Pepsin and Pancreatine.**

One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constitutents of the MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nurtritive qualities.

MALTINE **With Beef and Iron:**

One of the most valuable combinations in case of general Debility, where there is deficient nutrition and a deficiency of Iron in the system.

MALTINE **With Alteratives:**

In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula and all depraved conditions of the blood.

MALTINE WINE.

This preparation contains all the medicinal and nutritive constituents of MALTINE, less 60 per cent. of the transformed starch or glucose, which renders the preparation lighter and more acceptable to some stomachs, and is recommended only in such cases.

MALTINE WINE **With Pepsin and Pancreatine:**

(*Each fluid ounce of MALTINE WINE contains* 15 *grains pure PEPSIN and* 15 *grains pure PANCREATINE.*)

We can recommend this preparation to the Medical Profession as being the most important remedy ever brought to their notice in all cases of Dyspepsia and imperfect Nutrition, when the system needs invigorating and replenishing. It will be found, we believe, a perfect remedy in Vomiting in Pregnancy, Cholera Infantum and wasting diseases of children, and in Constipation and Chronic Diarrhœa resulting from mal-nutrition. It will agree with the most irritable stomach.

MALTO-YERBINE.

(*Each pint of the above preparation contains* 13 *ounces of MALTINE,* 2 *ounces CARRAGEEN and* 1 *ounce of YERBINE.*)

With the nutritive, emolient, and demulcent properties of MALTINE and CARRAGEEN, and the expectorant qualities of YERBINE, (active principle of Yerba Santa,) we offer this preparation with the fullest confidence that it is the most perfect remedy yet produced in Chronic Pulmonary Affections, Irritation of the Mucous Membrane, Difficult Expectoration, Bronchitis, and ordinary Coughs and Colds.

The Dose of all preparations of MALTINE and compounds is from a dessert to a tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only.* *MALTINE* preparations are sold at the same price as EXTRACT OF MALT and its combinations, and are put up in half-pint, pint and five pint amber bottles; each bottle inclosed in a folding paper box

REED & CARNRICK,

Manufacturing Pharmacists,

196 and 198 FULTON STREET, NEW YORK.

ESTABLISHED 1840. INCORPORATED 1861.

"OLD RELIABLE."

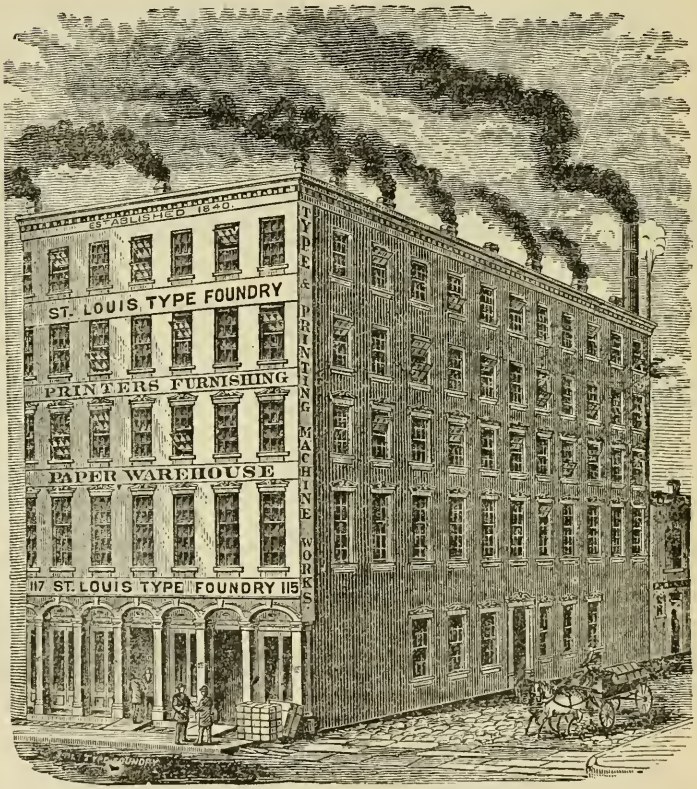
ST. LOUIS TYPE FOUNDRY

PRINTING MACHINE WORKS

AND

PAPER WAREHOUSE

115 & 117 Pine St., St. Louis.



MANUFACTURERS OF

TYPE,

Printing Presses, Card and Paper Cutters,

Chases, Cases, Cabinets and Galleys,

AND

Printing Machinery Generally.

DEALERS IN

Papers of all Kinds,

Cards, Card Boards, Tags, Envelopes, Printing Inks,

And Everything Else Used in a Printing Office. Electrotyping and Stereotyping of All Kinds Executed Promptly at Square Prices.

Grimault & Co.'s Pharmaceutical Products.

Prepared with scrupulous care under the immediate supervision of a practical chemist, at their model laboratory at Neuilly, near Paris.

OFFICES AND SALESROOMS, No. 8 RUE VIVIENNE, PARIS.

The attention of the medical profession is directed to a few leading products:

DUSART'S SYRUP AND WINE

Of Lacto-Phosphate of Lime.

In these preparations phosphate of lime is presented in the combination in which it exists in the stomach after it has been acted upon by the gastric fluid. They are especially adapted, and have been used with great success in *Rachitic* and *Scrofulous Affections* in children; the *Languor* caused by too rapid a growth and development in youth; the *Debility* attendant upon old age; *Weakness in Females*, caused by the nursing of children; *Slow Convalescence*; certain forms of *Dyspepsia*, caused by the low vitality of the system. In cases of *Fractures*, their use has been found to cause a more *rapid formation of the Callus*, and in cases of wounds, the *cicatrisation has been more prompt*, while its administration to children facilitates the general development, and especially the *process of Ossification and Dentition.*

Dusart's work on the "Physiological and Therapeutic Action of Phosphate of Lime" will be sent free on application to Messrs. E. Fougera & Co.

LEBAIGUE'S DIALYSED IRON,

Or PURE PEROXIDE OF IRON,

IN SOLUTION, WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of iron. It is offered in the form of a *solution*, which is generally preferred; or of an *elixir*, when a slight stimulant is desired.

DEFRESNE'S PILLS AND ELIXIR

OF PANCREATINE.

Pancreatine is a very important remedy in a great many cases of *indigestion*, *atony* of the digestive organs, and *dyspepsia*, where pepsine and other remedies have failed. It is especially serviceable as a help for the digestion of fats. The preparations especially recommended are: *Defresne's Pills*, dose two to four pills before each meal; the *Elixir* and *Wine*, dose one or two table-spoonfuls after meals.

GRIMAULT & CO.'S MATICO CAPSULES.

A preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of copaiba, and do not cause any unpleasant eructations.

JULIEN'S LAXATIVE FRUIT.

A pleasant confection for constipation, and all diseases resulting therefrom, as *headache*, *hemorrhoids*, *cerebral congestions*, *biliousness.*

The above and all the other preparations of *Messrs. Grimault & Co.*, and information in regard to the same, may be obtained at all times from

Mess. E. FOUGERA & CO., Importing Pharmacists, New York.

LELIEVRE'S POULTICE

OF ICELAND MOSS,

AN INSTANTANEOUS & PERFECT SUBSTITUTE
FOR LINSEED MEAL AND OTHER POULTICES.

It is preferable to the latter, because it is

Clean, for it will not soil the linen.

Unobjectionable, for it will not emit any unpleasant odor.

Unchangeable, for it will not ferment.

Economical, for the same Poultice can be applied for many days without undergoing any change.

Lelievre's Poultices are sold in packets containing three and six sheets 5 by 8 inches, and in rolls 8 by 30 inches.

DIRECTIONS FOR USE.—Dip the Poultice into boiling water until quite swollen, then apply to to the part and cover with the gutta percha sheeting accompanying the poultice, or with oiled silk. Samples sent on application by the

General Depositaries for the United States ;

E. FOUGERA & CO., New York.

SOLD BY ALL DRUGGISTS.

THEVENOT'S GLOBULES.

We offer to the Medical Profession a series of well prepared and reliable pharmaceutical products, in which the unpleasant taste and disagreeable odor of the various remedial substances contained in them are entirely covered, and other drawbacks to their administration obviated. The form of Globules is especially applicable to liquids, but may also be applied to pulverulent remedies, simple or compound. It is especially adapted to Ethers and Ethereal fluids ; Oils, fixed or volatile ; Oleo-resins ; Balsams, etc., and is by far the most convenient as well as most elegant form for administering them.

Among the great variety comprising about 60 different kinds, we mention the following, which are among the most important :

Ether, Chloroform, Oil of Turpentine, Apiol, Phosphorated Oil (containing 1-64th grain of Phosphorus), **Tar, Venice Turpentine, Copaiba, Copaiba and Tar, Oleo-Resin of Cubebs, Balsam of Peru, Oleo-Resin of Male Fern, Oil of Sandal, Oil of Eucalyptus, Cod-Liver Oil, Rhubarb, Bicarb. of Soda.**

For a full list of the various kinds of Globules, with the quantity of the medicinal agents contained in each Globule, see pamphlet, which will be furnished or mailed on application, by the agents,

E. FOUGERA & COMPANY,

30 North William Street, New York.

SAVORY & MOORE, beg to call the attention of the Profession to some of their Special Preparations, the purity and uniform strength of which are Guaranteed.

PANCREATIC EMULSION.

Prepared in accordance with the direction of the Physician who introduced this purely

Medicinal Food for Consumption and Wasting Diseases.

Pancreatic Emulsion will always take precedence of Cod Liver Oil by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM instead of the evanescent fluid fats or oils.

Neither Cod Liver Oil nor EMULSIONS OF COD LIVER OIL can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the SAPONIFICATION and ULTIMATE PUTREFACTION, produced by the chemical agents used instead of Pancreatic Juice.

Pancreatic Emulsion (properly so-called), is THE NECESSARY FOOD FOR THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION of the PANCREAS.

Pancreatic Emulsion, may therefore be regarded as Chyle obtained by nature's own process. In certain cases both Cod Liver Oil and Pancreatic Emulsion are required—one to supply the blood with oil or liquid fat, the other with the more stable solid fats; but it cannot be too strongly urged that both PANCREATIC EMULSION and Cod Liver Oil are *not to be regarded as Medicines, but as articles of diet*, without which patients, with their defect of health, will as surely starve as healthy persons would if deprived of the most nutritive part of their food.

Pancreatine, effects the digestion and assimilation of Cod Liver Oil and Fat, as well as Food generally. This palatable and popular remedy is therefore invaluable to PATIENTS WHO ARE UNABLE TO DIGEST COD LIVER OIL, and who are thus deprived of its nourishing and invigorating properties.

BEST FOOD FOR INFANTS!

TRADE MARK.

AS SUPPLIED TO

THE ROYAL NURSERIES

Of England, Russia, Etc.,

And containing the

Highest Amount of Nourishment

IN THE

Most Digestible and Convenient Form.

The most perfect substitute for healthy mothers' milk.

Datura Tatula for Asthma, Etc.

A Powerful and Universally Adopted Remedy.

"By immediate contact with the air cells and passages, instant relief is given."—Dr. Latham, *Physician to the Queen.*

"A remedy of great power and usefulness in Asthma, Chronic Bronchitis, etc."—Dr. W. Barker.

"The smoke causes no nausea. I have never known an instance in which relief was not obtained."—General Alexander.

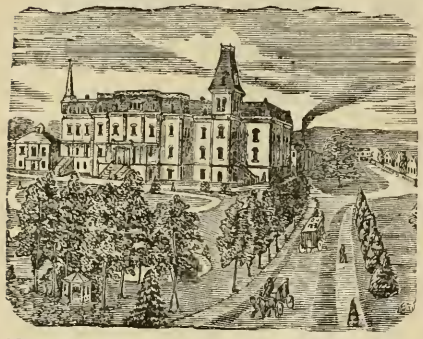
In Tins, for use by means of a pipe, Cigars and Cigarettes, and Pastilles for Inhalation.

SAVORY & MOORE, 143 New Bond Street, London.

Agents for America—E. FOUGERA & CO., New York.

Private Hospital for the Care and Treatment of the Insane.

Cincinnati Sanitarium.



The chief object of this institution is to furnish a retreat to that class of the insane whose education, social relations, and habits of life render indispensable more home-like comforts than can be commanded in the public asylums.

More than three hundred persons have already enjoyed the benefits of the institution, and fourteen States are at this time represented by one or more patients in our wards

The location of the hospital is admirable in every respect. Situated in the midst of a highly cultivated country, five hundred feet above the Ohio river, the air is pure and wholesome at all seasons. The buildings are spacious, perfectly ventilated, thoroughly furnished, heated with steam, and lighted with gas.

A large library, pianos, billiard-table, a handsome hall for dancing, concerts, etc. afford ample means of recreation. In a word, all the means are provided calculated to arouse, elevate, and encourage the desponding, or soothe, moderate and tranquilize the excited.

A separate and distinct building is provided for the care and treatment of epileptics.

To Dr. W. S. CHIPLEY, formerly Superintendent of the State Lunatic Asylum at Lexington, Ky., is confided the exclusive control of the medical and moral treatment of the inmates and the general management of the institution. The number of patients will be limited so that each one will have the benefit of treatment by the Superintendent personally.

The cost of maintenance varies according to the room occupied and the special attention required. Special attendants are furnished at cost to those who desire such extra service.

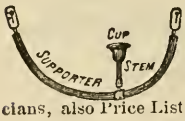
JOHN L. WHETSTONE, PRESIDENT.

VAL. P. COLLINS, Secretary.

For further information, terms of admission, etc., address

DR. W. S. CHIPLEY, Sup't, College Hill, Ohio.

DR. WADSWORTH'S UTERINE ELEVATOR.



The most simple and practical of any stem pessary ever invented; made of India rubber *without lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly recommend it. A pamphlet describing it, and testimonials of distinguished Physicians, also Price List, sent on application.

Price to Physicians, **$5.00,** sent by mail, on receipt of same.

H. H. BURRINGTON, Sole Proprietor, Providence,

Beware of imitations sold on the great reputation of the above.

For Sale by A. M. Leslie & Co., and Aloe & Hernstein.

☞ Also by dealers in Surgical Instruments generally.

"THE BEST OF AMERICAN MANUFACTURE."—Profs. Van Buren and Keyes.

PLANTEN'S CAPSULES,

Known as Reliable Since Forty Years.

Premium for "General Excellence Manufacture."

ESTABLISHED 1836.

H. PLANTEN & SON, 224 William st., N. Y.

GELATINE CAPSULES

OF ALL KINDS. ALSO,

Empty Capsules,

(FIVE SIZES.)

Adapted and recommended for administering quinine and other offensive or nauseous medicines, free from taste or smell. Preventing irritation of mouth or throat, and injury to teeth.

Boxes, 100 ..... 50 Cts. by Mail.

Sole Agents in the United States for the Great English Remedy,

BLAIR'S GOUT AND RHEUMATIC PILLS.

☞Specify PLANTEN'S CAPSULES in all orders.

Samples sent free. Sold by all Druggists.

Index to Advertisements.

PAGE.

Aloe & Hernstein, *Surgical Instruments and Physicians' Supplies* 1
Burrington, H. H., *Wadsworth's Uterine Elevator* 30
Bellevue Hospital Medical College 12
Billings, Clapp & Co., *Phosphorole* 18
Cincinnati Sanitarium 30
Caswell, Hazard & Co., *Beef Tonic* 17
Catlin, T. & E., *Retail Druggists* 30
College of Physicians and Surgeons 33
Dyer, Benj. W., *Saccharated Chloro-Pepsine* 21
Fougera, E. ..... 2, 3, 4, 7, 24, 25 & 2
Glycerite of Animal Hypophosphites 11
Higgins, R. M., *Animal Vaccine Virus* 6
Kennedy, S. H., *Pinus Canadensis* 26
Landrum & Litchfield, *Iron and Alum Mass* 13
Ledergerber, Fred. T., Attorney at Law 31
Mackwitz, W., *Engraver* 5
Miami Medical College 32
New York Pharmacal Association, *Lactopeptine* ..... Second Page Cover
Parke, Davis & Co., *New Remedies* ..... Fourth Page Cover and Page 20
Patterson, R. J., *Asylum for Nervous Diseases* 5
Reed & Carnrick, *Maltine* ..... 24 & 25
Recent Medical Publications 34
Robert Shoemaker & Co , *Johnston's Fluid Beef* 22
Scheffer, E., *Apothecary and Chemist* 5
Schieffelin, W. H. & Co., *Soluble Pills and Granules* 8
St. Louis Type Foundry 25
Spackler & Co., *Surgical, Dental and Orthopædical Instruments* 5
Schleiffarth Charles, *Trusses, Supporters, Shoulder Braces, etc* 11
Trommer Extract of Malt Co ..... 19 & 25
Wyeth & Bro , Dialysed Iron 16
Wm. Warner & Co., *Sugar Coated Pills* 23
Washburne & Co., *Salicylica* 24

RECENT MEDICAL PUBLICATIONS.

GEO. O. RUMBOLD & CO., Publishers.

Report to the St. Louis Medical Society

ON

YELLOW FEVER.

BY W. HUTSON FORD, A. M., M. D., AND F. J. LUTZ, M. D.

8 vo.; pp. 328; muslin. Price. $2.50.

PARESIS

OF THE

SYMPATHETIC CENTERS;

or So-Called Malaria.

BY CHARLES T. REBER, M. D.

16 mo.; pp. 116; muslin. Price, $1.00.

FRACTURE of the FEMUR.

BY EDWARD BORCK, M. D.

16 mo.; pp. 72; muslin. Price, $0.50.

FOR SALE BY

Booksellers and the Publishers, 1225 Washington Av.

MIAMI MEDICAL COLLEGE

OF CINCINNATI,

Member of the American Medical College Association.

FACULTY.

JOHN A. MURPHY, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine.
WM. H. MUSSEY, M. D., Professor of Operative and Clinical Surgery and Surgical Diseases of Women.
E. WILLIAMS, M. D., Professor of Ophthalmology, Aural Surgery and Clinical Ophthalmology.
WM. CLENDENIN, M. D., Professor of Descriptive and Surgical Anatomy.
WM. H. TAYLOR, M. D., Professor of Obstetrics and Clinical Midwifery.
THOMAS H. KEARNEY, M. D., Professor of Principles of Surgery, Surgical Diseases and Clinical Surgery.
J. C. MACKENZIE, M. D., Professor of Physiology and Pathology of Clinical Medicine.
J. B. HOUGH, M. D., Professor of Chemistry and Toxicology.
WM. B. DAVIS, M. D., Professor of Materia Medica and Therapeutics.
BYRON STANTON, M. D., Professor of Diseases of Women and Children and Clinical Gynæcology.
WM. H. DE WITT, M. D., Lecturer on Mental Diseases.
B. P. GOODE, M. D., Lecturer on Diseases of Children.
ROBT. SATTLER, M. D. Lecturer on Diseases of the Eye and Ear.
A. D. BENDER, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Demonstrator of Anatomy.
C. A. LE BOUTILLIER, M. D., Lecturer on Surgical Dressings.
CHAS. W. MATHERS, M. D., Demonstrator of Anatomy.

THE PRELIMINARY TERM of Lectures will begin September 3d, 1879, and continue one month. This course will be one of *unusual interest and importance* to physicians as well as students.

THE REGULAR WINTER SESSION will begin October 1st, 1879 and continue five months. This course will consist of Didactic Lectures with Demonstrations, Recitations, Clinical and Special Instruction, involving Physical Manipulations. From five to six Didactic Lectures and Demonstrations are delivered daily, covering the general topics of Medicine and Surgery as taught in all regular medical colleges.

CLINICS.—The Faculty confidently announce that students have, in this college, unsurpassed clinical advantages. *Four Special Clinics* are held daily in the college building (at which more than six thousand patient are examined annually), viz: In Practice Surgery, Gynæcology, Diseases of Children, Ophthalmology and Laryngology, in all of which advanced students have opportunities to make full examinations, especially in *Thoracic Diseases* and *Gynæcology*, and frequently to witness *Obstetric* cases. These clinics are free to students of the college. Two clinical lectures are delivered daily at the Cincinnati Hospital (near the college), during the entire college session.

The College also affords the fullest advantages in *Practical Chemistry, Practical Anatomy, Practical Physiology* and *Microscopy*.

FEES:

Matriculation fee (annually)	$ 5 00	Demonstrator's Ticket	$ 5 00
Regular Lecture Term	40 00	Hospital Ticket	5 00
Graduation fee	25 00	Alumni of this institution free.	

JOHN A. MURPHY, M. D., Dean.
163 WEST SEVENTH STREET.

WM. H. TAYLOR, M. D., Secretary,
329 WEST SEVENTH STREET.

Fred. T. Ledergerber,

ATTORNEY AT LAW.

S. W. Cor. Olive and Fifth Sts., St. Louis.

Late Special Counsel of U. S. Government and late Attorney for State Board of Education.

College of Physicians and Surgeons

(Medical Department of Columbia College.)

Corner of Fourth Avenue and Twenty-Third St., New York.

SEVENTY-THIRD SESSION, 1879-80.

FACULTY OF MEDICINE.

ALONZO CLARK, M. D., President, and Professor of Pathology and Practical Medicine.
WILLARD PARKER, M. D., Professor of Clincal Surgery.
JOHN C. DALTON, M. D., Professor of Physiology and Hygiene.
THOMAS M. MARKOE, M. D., Professor of the Principles of Surgery.
T. GAILLARD THOMAS, M. D., Professor of Gynæcology
JOHN T. METCALFE, M. D., Emeritus Professor of Clinical Medicine.
HENRY B. SANDS, M. D. Professor of the Practice of Surgery.
JAMES W. McLANE, M. D., Professor of Obstetrics and the Diseases of Children.
THOMAS T. SABINE, M. D., Professor of Anatomy.
CHARLES F. CHANDLER, Ph. D., Professor of Chemistry and Medical Jurisprudence.
EDWARD CURTIS, M. D., Professor of Materia Medica and Therapeutics.
FRANCIS DELAFIELD, M. D., Adjunct Professor of Pathology and Practical Medicine.
JOHN G. CURTIS, M. D., Adjunct Professor of Physiology and Hygiene, Secretary of the Faculty.
WM. DETMOLD, M. D., Emeritus Professor of Military and Clinical Surgery.
WILLIAM H. DRAPER, M. D., Clinical Professor of Diseases of the Skin.
CORNELIUS R. AGNEW, M. D., Clinical Professor of Diseases of the Eye and Ear.
ABRAHAM JACOBI, M. D., Clinical Professor of Diseases of Children.
FESSENDEN N. OTIS, M. D., Clinical Professor of Venereal Diseases.
EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System.
GEO. M. LEFFERTS, M. D., Clinical Professor of Laryngoscopy and Diseases of the Throat.
CHAS McBURNEY, M. D., Demonstrator of Anatomy.
WM. T. BULL, M. D., Assistant Demonstrator of Anatomy.

FRANCIS DELAFIELD, M. D.,
Director of the Pathological Laboratory of the Alumni Association.

FACULTY OF THE SPRING SESSION.

JAMES L LITTLE, M. D., Lecturer on Operative Surgery and Surgical Dressings.
GEORGE G. WHEELOCK, M. D., Lecturer on Physical Diagnosis.
ROBERT F. WEIR, M. D., Lecturer on Diseases of the Genito-Urinary Organs.
H. KNAPP, M. D., Lecturer on Diseases of the Eye and Ear.
T. A. McBRIDE, M. D., Lecturer on Symptomatology.
CHAS. McBURNEY, M. D., Lecturer on the Anatomy of the Nerves.

The COLLEGIATE YEAR embraces a special *Spring* and a regular *Winter* Session, attendance at the latter only being required for the graduating course. The Spring Session begins in March, and continues till June 1st. The *Regular Winter Session* for 1879-80 begins October 1st, and continues till March.

TUITION is by the following methods:—

I. DIDACTIC LECTURES.—During the *Winter Session* from five to six lectures are given daily by the Faculty. Attendance obligatory. During the *Spring Session* two lectures are given daily by the Faculty of the Spring Session. Attendance optional.

II. CLINICAL TEACHING.—Ten Clinics, covering all departments of medicine and surgery, are held weekly throughout the entire year in the College Building. In addition, the Faculty give daily Clinics at the larger City Hospitals and Dispensaries (such as the Bellevue, Charity, New York, and Roosevelt Hospitals, the New York Eye and Ear Infirmary, etc.), as a regular feature of the college curriculum. Attendance optional.

III. RECITATIONS are held daily throughout both sessions. Attendance optional.

IV. PERSONAL INSTRUCTION.—Cases of *Obstetrics* are furnished without charge. Personal Instruction is given in *Practical Anatomy, Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otology, Laryngoscopy, and in Normal and Pathological Histology.* Attendance optional, except upon Practical Anatomy.

EXPENSES.—The *necessary* expenses are a yearly matriculation-fee ($5, good for a collegiate year, the fees for the lectures of the Winter Session ($20 for the course on each branch, or $140 for the entire curriculum). The Practical Anatomy fee ($10, and a small charge for material), and a Graduation fee of $30. The graduating course requires three years' study, attendance upon two full winter courses of lectures, and upon one course of Practical Anatomy. Remissions and reductions of lecture-fees are made to graduates and students who have already attended two full courses. *All fees are payable in advance. Board* can be had for from $5 to $9 a week, and the clerk of the College will aid students in obtaining it.

For the Annual Catalogue and Announcement, or for further information, address JOHN G. CURTIS, M. D., Secretary of the Faculty, College of Physicians and Surgeons, corner Twenty-third Street and Fourth Avenue, New York.

Paresis of the Sympathetic Centers,

or

THE SO-CALLED MALARIA;

Its Etiology, Pathogenesis, Pathology and Treatment.

By CHAS. T. REBER, M. D.

Muslin Binding; 16 mo.; pp. 116; Price $1.00

PUBLISHED BY GEO. O. RUMBOLD & CO.

The aim of this work is to establish the truth in regard to the nature of the derangement of the human organism, usually described under the name "malaria or malarious diseases" In order to accomplish this object, meteorological influences have, to some extent, been considered. The domains of Natural Philosophy, Chemistry and Physiology have also contributed a few of their precious facts to assist in the elucidation of this extremely complex question.

CONTENTS.

Chapter I.
Suggestive Thoughts.
Chapter II.
Investigation on Conduction of Heat.
Chapter III.
Insolation and Refrigeration.
Chapter IV.
Introductory Remarks.
Chapter V.
Human Temperature.
Chapter VI.
Relation of the Temperature Centers to the Vaso-motor Centers.
Chapter VII.
Rejection of Obsolete Terms.
Chapter VIII.
Animal Temperature; Its Relation to Health, etc.
Chapter. IX.
Reasons for Progress.
Chapter X.
The Sympathetic Centers.
Chapter XI.
The History of the Theory of Heat.
Chapter XII.
Animal Quinoidine.
Chapter XIII.
Predisposing and Exciting, and Special Exciting Causes.
Chapter XIV.
Irritability of the Nervous System
Chapter XV.
Abnormal Irritability.
Chapter XVI.
Excitation Paresis.
Chapter XVII.
Condition of Air—Effect.
Chapter XVIII.
Effect of Topography on Solar Heat and Thermal Diseases.
Chapter XIX.
The Theories of Decomposition, Fermentation, etc.
Chapter XX.
Pathology and Symptoms.
Chapter XXI.
Type—Rhythm—Mode—Form.
Chapter XXII.
Diagnosis.
Chapter XXIII.
Treatment.
Chapter XXIV.
Location of Sick Room, the Bed, the Linen, and Posture of the Patient.
Chapter XXV.
One of the Causes why New Views are so Slowly Accepted.

Liberal Discount given to the Trade. Apply to

ST. LOUIS BOOK AND NEWS CO., 307 N. Fourth Street. ST. LOUIS.

Agents for the Publishers.

Wanted.

We will pay full price for the following back numbers of the *St. Louis Med. and Surg. Journal:* No. 10, Vol. I (1843–44); Nos. 1–10, Vol. II 1844–45); Title page and Index, Vol. IV.; No. 6, Vol. VI, and Vols. I and II, of New Series (1864–5).

Also Nos. 1, 5, 6, 9 and 10 of Vol. I (1850), of the *St. Louis Probe.*

A Reminder to some of our Subscribers.

During the early part of the year, at the request of a number of our subscribers, we agreed to await their convenience for a few months in remitting their subscriptions. As half the year is passed, we hope that these friends will aid us by the prompt payment of the small sum due from each. The aggregate of these small sums amounts to over $4,000, which is becoming really burdensome to us; while we *do not* like to dun them, we trust that they will appreciate our condition, and we appeal to them to let this general notice be sufficient.

The June No. ended the thirty-sixth volume of the Journal proper, but the department of the St. Louis Medical Society will continue to the end of the year before its volume will be closed. The department of the Tri-State Medical Society will be continued until the issue of the October number, when it will be closed. We expect to continue the publication of these two Societies, the transactions of which will form one volume per year, for each; therefore when the Journal is bound for 1879, it will form two volumes of the Journal proper—the thirty-sixth and thirty-seventh—the second volume of the St. Louis Medical Society, and the first volume of the Tri-State Medical Society, making four volumes in all.

PROSPECTUS OF REPORTS

TO THE

ST. LOUIS MEDICAL SOCIETY

ON

YELLOW FEVER.

Printed on Fine Tinted Paper; Illustrated with Five Colored Plates: Muslin Binding; 8 vo.; pp. 328; Price $2.50.

PUBLISHED BY GEO. O. RUMBOLD & CO.

A Report of the Committee Appointed by the St. Louis Medical Society, to Inquire into the "Relations of the Yellow Fever Epidemic of 1878 to the City of St. Louis,"

AND

A Report by the Chairman of the above Committee, Dr. W. Hutson Ford, of St. Louis, on the "Meteorological Conditions and Etiology of Yellow Fever," and of certain other Diseases associated with a High Temperature, and the Treatment of Yellow Fever.

Revised by the Committee on Publication.

The report of the Committee, consisting of Drs. W. Hutson Ford, Walter Wyman and F. J. Lutz, comprises a general detail of all cases of yellow fever occurring in St. Louis in 1878, with especial reference to the contagiousness of the disease, in five sections, viz.:

Section I.—A detail of all the cases of fever occurring in St. Louis, which were developed in persons coming to that city from the South.

Section II.—Cases of yellow fever treated at the Quarantine Hospital.

Section III.—Cases of yellow fever arising in St. Louis, by contagion from imported cases.

Section IV.—Cases of yellow fever, or of a disease closely simulating that affection, arising in St. Louis or its suburbs.

Section V.—A classification and summary of all cases of yellow fever occurring in St. Louis and its vicinity in 1878.

In collecting the material for their report, the committee has spared no time nor trouble, and a succinct but accurate history is given of every case. The facts collected are of the most interesting character, and must conduce very greatly towards a final settlement of many disputed points in the natural history of yellow fever, and to establish the degree of liability of cities of the middle region of the Mississippi Valley to this disease, at different periods of the warm season.

The data necessary have been obtained by personal interviews with all physicians who treated cases of yellow fever in St. Louis in 1878, with the health authorities, and by close personal inspection of every place described, or where any of the cases occurred, with cross interrogation on the spot of numerous disinterested parties cognizant of the facts. Much other interesting matter is also contained in this report.

The report of the chairman of the committee on the meteorological conditions and etiology of yellow fever, and of certain other diseases associated with a high temperature. This report is divided into five parts, as follows:

Part I consists of an analysis of the conditions of sunstroke, on the basis of a comparison of the meteorological conditions of July and August in St. Louis, in 1878, in the first of which months the memorable epidemic of sunstroke occurred, with those of the same months in ten other cities of the United States, viz., Louisville, Cairo, Memphis, Vicksburg, New Orleans, Galveston, Mobile, Charleston, Norfolk and Philadelphia.

In addition to weekly data furnished for the use of the committee by the Chief Signal Officer at Washington, D. C., the daily variations of temperature, humidity, aspect of the sky, and rainfall in St. Louis, as shown in elaborate charts, furnish the most ample material for a graphic illustration of the dependence of sunstroke upon heat and humidity combined.

Part II consists of a short exposition of the meteorological conditions of cholera sporadica in St. Louis, illustrated by a comparison of the meteorological figures of the eleven cities above named.

Part III is devoted to a consideration of the relation of malarial diseases, and of "fevers generally" to heat and humidity, and especially to yellow fever. The coincidence of the prevalence of yellow fever with that of the diseases named, in cities usually subject to yellow fever, is very clearly exposed.

PART IV, to which the first three parts of this report must be regarded as *introductory*, consists in a systematic treatise on the etiology of yellow fever, based upon the weekly meteorological data of July, August, September and October, for each of the years 1874, 1875, 1876, 1877 and 1878, as procured from Washington, and upon the municipal records of Charleston, South Carolina, for thirty-eight years, being all those years whose records are obtainable between 1832 and 1878.

The subject is treated by a consideration of each of the meteorological conditions in detail, viz., the temperature; the fairness of the days; the rainfall and inundations; the humidity of the air; atmospheric currents, calms and winds; thunderstorms, atmospheric pressure, the ozonicity of the air, and the antagonism of certain diseases to yellow fever.

The guiding principles and theory of the investigation are briefly detailed in a general way in the earlier parts of the section, and each of the sub-sections fully considered in order. All statements and theoretical assumptions are illustrated and established by most extensive comparisons of figures drawn from the sources named, and never before used in the same way. The records of Charleston are employed for the establishment of the propositions brought forward, and these are then applied to an examination of the conditions existing in the cities of the Mississippi Valley and Gulf Coast, in which yellow fever prevailed in 1878, and also to those of the Atlantic Seaboard, in which the disease did not prevail in that year. A prodigious amount of labor is involved in the illustration of the subjects discussed by the tables intercalculated in the text, between one and two hundred in number; in all cases, giving the monthly figures and monthly and seasonal means for every year and each of the eleven cities considered. No work of this kind, with regard to yellow fever, has ever been proposed or accomplished, and it must be regarded as a final settlement of the dependence of yellow fever upon combinations of meteorological conditions in the presence of sources of putrefaction. While, therefore, this part of the report conclusively establishes the endemicity and local origin of yellow fever, the committee's report must be regarded as proving beyond all controversy, the contagiousness of this disease when once begotten. The two reports, therefore, relate in their way to each other, and mutually confirm the statements made in each. The entire mass of material contained in over 300 closely printed pages is absolutely new, and the volume must find its place upon the shelves of every enlightened citizen and devotee of sanitary science. Several colored plates illustrating the matters discussed, are dispersed throughout the first part of the work, and two

weather charts, also in color, as already stated, accompanying the report of Dr. Ford. In the Committee's report, the treatment of many of the cases is detailed in full, a feature which cannot fail to be of great importance to the practitioner who has not had an extensive personal experience in yellow fever. The work altogether is purely original, and deals a death blow to the doctrines of the exclusive importation of yellow fever, which have within the last year or two threatened to become so prominent.

Part V contains the theory and practice of the administration of veratrum viride in yellow fever in those cases in which it is applicable in conjunction with other therapeutical measures. The article is based upon a very extensive employment of this drug in fevers generally, and on a large scale in yellow fever, in which disease its administration, at present endorsed by many of our most distinguished practitioners, was first suggested and thoroughly applied by Dr. Ford, with the aid of Dr. Octavius A. White, now of New York City.

Reports to the St. Louis Medical Society on Yellow Fever.

This work is published under the auspices of the St. Louis Medical Society, consequently was revised by its Committee on Publication, Drs. Kennard, Coles and Bryson. It contains the record of quite a number of our most prominent physicians who attended yellow fever patients in 1878. It is a work of 328 pages, five colored plates, a large number of meteorological and other tables, and reflects great credit on the St. Louis Medical Society, and upon its committee, Drs. W. Hutson Ford, F. J. Lutz and Walter Wyman, who made the report, but especially upon the chairman of the committee, Dr. Ford. Very few can estimate the great amount of labor that the committee must have done to make this large report so complete as it is. Dr. Ford's name has been for a long time associated with the investigators of this terrible disease. The profession are very greatly indebted to him for this report, as it is almost entirely the product of his own observation and researches. In our humble judgment, it is the very best work on the etiology and treatment of yellow fever in print.

Geo. O. Rumbold & Co., the publishers, have not spared time, labor or money in the production of the book. The large number of tables and the colored plates make it a very expensive book for its size. It is printed on the best of tinted paper and is bound in a neat muslin cover, with beveled edges.

The book is larger than was anticipated, by 128 pages. This compels the publishers to ask $2.50 instead of $2.00, as was announced in the last issue of the Journal.—*St. Louis Medical and Surgical Journal, for August, 1879.*

For Sale by the Publishers,

1225 Washington Avenue, St. Louis, Mo.

THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

ESTABLISHED IN 1843.—PUBLISHED MONTHLY.

THE PIONEER MEDICAL JOURNAL OF THE WEST.

Each Number will Contain not less than 128 Pages, Making 1536 Pages for the Year's Subscription.

Two Volumes Each Year, Beginning Respectively with January and July.

TERMS:—$3.00 a year, Payable in Advance. Single Copies, Twenty-five Cents.

THOS. F. RUMBOLD, M. D., Editor and Proprietor; HIRAM CHRISTOPHER, M. D., Associate Editor.

THE MEDICAL JOURNAL of the *times* must be a large one; it must contain a large variety of matter to meet the diversified wants of the busy practitioner. In order that this *large quantity* of matter may be of the *best quality* and may have variety, THE JOURNAL will contain no less than *fifteen* departments, a portion of which are as follows:

1. Original Didactic and Clinical Lectures, reported exclusively for THE JOURNAL.

2. Original Contributions.— Articles in this department, on both Medical and Scientific subjects, are invited from all parts of the country.

The following are a portion of the subjects to appear in this department during the year 1879:

Laryngology, by MORELL MACKENZIE, M. D., F. R. C. S., London, England.
Psychological Medicine, by JOSEPH WORKMAN, M. D., Ex-Supt. of Toronto Insane Asylum and President of the Toronto Medical Society, Canada.
Diseases of Women and Children, by J. A. IRELAND, M. D., Louisville, Kentucky.
The Anatomy of the Nervous System, (Illustrated) by J. S. JEWELL, M. D., of Chicago.
Thoughts on Certain Medico-Legal Questions, by THAD. M. STEVENS, M. D., of Indianapolis.
Otology, by D. B. ST. JOHN ROOSA, M. D., of New York.
Surgery, (Illustrated) by JOHN T. HODGEN, M.D., Professor of Surgical Anatomy, Fractures and Dislocations, in the St. Louis Medical College.
Electro-Therapeutics, by DAVID PRINCE, M. D., of Jacksonville, Ill., and by A. D. ROCKWELL, M.D., of New York City.
Genito-Urinary and Rectal Surgery, by W. HUTSON FORD, M. D., of St. Louis.
Anatomy in Art, and New Remedies, by FRANK G. PORTER, M.D., of St. Louis.
Ophthalmology, by WM. DICKINSON, M.D., of St. Louis.
Diseases of the Nose, Throat and Ear, (Illustrated) by THOS. F. RUMBOLD, M.D., of St. Louis.

Also Articles of Interest are Promised by

H. T. SHAPLEY, M. R. C. S., L. R. C. P., of Lemington, England.
ALLAN MCLANE HAMILTON, M. D., of New York.
JOHN GARRETT, M. D., M. R. C. S., of Northampton, England.
A. P. LANKFORD, M. D., Professor of Surgery and Clinical Surgery, in the Missouri Medical College.
J. W. COMPTON, M. D., Professor of Materia Medica, Evansville Medical College.
G. M. B. MAUGHS, M. D., Professor of Obstetrics and Diseases of Women, in the Missouri Medical College.
G. W. BURTON, M. D., Mitchell, Ind.
J. W. S. GOULEY, M. D., Professor of Diseases of the Genito-Urinary System of the University of the City of New York.
J. W. SINGLETON, M. D., Paducah, Ky.
W. H. BYFORD, M. D., Professor of Obstetrics and Diseases of Women and Children of the Chicago Medical College, Chicago, Ill.
JNO. W. TRADER, M. D., Sedalia, Mo.
MONTROSE A. PALLEN, M. D., Professor of Gynæcology of the University of the City of New York.
J. W. THOMPSON, M. D., Paducah, Ky.
JOHN J. MCDOWELL, M.D., Professor of Anatomy in the St. Louis Medical College.
LAURENCE TURNBULL, M.D., of Philadelphia.
BEVERLY ROBINSON, M.D., of New York.
F. PEYER PORCHER, M.D., Professor Clinical Medicine in Medical College of Charleston; (S. C.) Editor *Charleston Medical Journal*.
FRANK H. DAVIS, M.D., of Chicago.
S. N. RUSSELL, M. D., of Mexico, Mo.
J. H. RIPLEY, M. D., of New York.

These names show the widespread interest taken in THE JOURNAL, abroad as well as at home.

3. Reports on the Recent Progress of Special Branches of Medicine.—

This very important department will be under the supervision of the following experts:

H. T. BOUTWELL, M. D., Anatomy and Histology.
C. M. LITTON, M. D., Chemistry.
J. M. SCOTT, M. D., Practice of Medicine.
H. H. MUDD, M.D., Surgery.
J. S. B. ALLEYNE, M.D., Therapeutics.
WALTER COLES, M.D., Obstetrics.
W. L. BARRET, M.D., Gynæcology.
JOHN GREEN, M.D., Ophthalmology.
WM. PORTER, M.D., Diseases of the Respiratory Organs.
FRED. T. LEDERGERBER, Esq., Legal Questions Connected with the Practice of Medicine.
C. W. STEVENS, M.D., and C. H. HUGHES, M. D., Diseases of the Nervous System.
L. N. LOVE, M. D., Physiology.
W. E. FISCHEL, M.D., Diseases of Children.
THOS. KENNARD, M.D., Venereal Diseases.
F. J. LUTZ, M.D., Surgery (from German).
HOMER JUDD, M.D., D.D.S, WM. H. EAMES, D. D. S., and A. H. FULLER, M. D., D.D.S., Dental Medicine.
HIRAM CHRISTOPHER, M.D., Collateral Branches.

To Subscribers:

Without Exception this is the largest Medical Journal published in this country, at **$3.00.** All other **128** page Journals cost **$4.00** or more per year.

Subscriptions and all Communications should be addressed to THE EDITOR, 1225 Washington Avenue, St. Louis, Mo.

CASCARA SAGRADO.

(*Rhamnus Purshiana.*)

The recent attacks made upon this drug by one or two physicians apparently acting in the interest of competing houses, has made it a subject of peculiar interest at this time. We therefore append a brief description and history of the remedy.

CASCARA SAGRADO is the Spanish name of the bark of a tree indigenous to Northern California and Oregon, known botanically as the Rhamnus Purshiana. In some localities it is called "Chittem" wood, on the supposition that it is identical with the material used in the construction of the sacred Ark—hence the name Cascara Sagrado (sacred bark). The bark of this tree has long been used on the Pacific Coast among the Indians and old Spanish residents, as a remedy for habitual constipation, and other disorders of the alimentary canal. Its reputation among the inhabitants of this section and the reports of physicians who have used it, has induced hundreds of other practitioners throughout the United States and Canada, to test the new remedy in their practice—the need of a reliable corrective in that most intractable of all complaints, habitual constipation, being universally felt. The testimony of these physicians has, in turn, been published, and has been so pronounced in favor of the new remedy, and the resulting demand for it has been so great, that we found it very difficult to obtain sufficient of the drug to supply our many orders. Many physicians write to us that they must have the Cascara *at any price*, as it has proved invaluable in their practice. One of our firm has visited California for the very purpose of securing a sufficient quantity to supply the rapidly-increasing demand at reduced prices, but the difficulty of obtaining it has precluded any reduction in cost. After very careful investigation, we found that we had secured the entire crop for 1878-9, with the exception of a few small shipments to other manufacturing houses to an amount not exceeding five hundred pounds. A great part of this was of very poor quality, and had been previously rejected by us as unfit for use.

THERAPEUTICAL APPLICATIONS.

Carefully-conducted experiments have demonstrated that no small share of its physiological action is on the liver, and that, in addition to its tonic properties, it is an efficient cholagogue. The properly-selected drug contains an alkaloid, the exact nature of which has, however, not yet been determined, which resembles strychnia in many of its properties. It is to this principle that we attribute the remarkable tonic action of the drug on the muscular coats of the alimentary tract. Unlike most laxatives, Cascara causes very little peristaltic action of the intestines, and hence its administration is followed by the minimum of griping or pain, a great desideratum in of griping or pain, a great desideratum in practice. These properties will suggest to the intelligent physician a wide field for the application of the drug, and experience has already demonstrated its value in all affections in which atony of the stomach and bowels has been a leading condition.

A CAUTION TO PHYSICIANS.

Until very recently the agents of certain manufacturing houses in Cincinnati and New York have been representing falsely to physicians that our fluid extract Cascara was a compound of Buckthorn Bark (Rhamnus Frangula) and Strychnia, and that no such plant as Cascara Sagrado was known. These statements, caused by jealousy at the results of our energy, and designed solely to injure the sale of this drug during the present season, or until a new crop could be gathered, were not made openly in print, in such form that we could seek protection of the law, but were conveyed covertly by word of mouth to physicians, whom we would hesitate to drag into court as witnesses. The malicious intention of these parties is seen in the fact that they are now themselves freely offering what purports to be a fluid extract Cascara Sagrado *at reduced rates*, and we are informed that preparations containing Buckthorn Bark and Strychnia *have actually been sold* under the name of Fluid Extract Cascara Sagrado by certain unscrupulous parties.

This practice of compounding imitations of new drugs can not be censured too severely. If it accomplished the end in view of depriving us of the profit resulting from the sale of an article which we have introduced to the profession by a large outlay of time and money, we should be the last to complain; but far more important than any private injury is the fact that these poisonous mixtures, prescribed by unsuspecting physicians, may cause irreparable mischief and weaken faith in a most valuable agent. We urge physicians to examine most carefully the preparations offered to them under this name, and to reject any which do not come from sources above suspicion. Cheap preparations, especially, should be avoided.

Our own supply of the crude drug has been carefully selected, and is known to be genuine. We invite physicians to specify our brand when ordering, and to see that our label and capsule appears on each bottle.

Parke, Davis & Co., Detroit.

Send for Descriptive Circulars.

For sale in St. Louis by RICHARDSON & CO., MEYER BROS. & CO., A. A. MELLIER, J. S. MERRELL and the trade generally.